THE CANADIAN NURSE

RIODICALS R.

LUME 53 NUMBER 9
MONTREAL

Highlight for
EPTEMBER 1957

E FARCE OF
NURSING EDUCATION
DR. H. B. ATLEE

NEW YORK
UNIVERSITY

NURSING IN INDUSTRY
Photo from General Motors, Oshawa)

SEP 27 '57
GENERAL UNIVERSITY
LIBRARY

(See page 800)

THE CANADIAN NURSES' ASSOCIATION

"Did you hear what I just heard?"

'White Sister'

TERYLENE*

Uniforms are available at

EATON'S OF CANADA

And does 'Terylene' ever save time and work! This wonderful BRUCK fabric is 250 denier 'Terylene' taffeta — opaque, crisp and always so white — washes like a dream, shuns creases, and is anti-static treated. All this, plus a choice of flattering new styles that feature permanent pleats and tucks!

White Sister
PROFESSIONAL UNIFORMS

Style as sketched:

U-3900 with short sleeves, sizes 10 to 20

U-3900 L with long sleeves, sizes 10 to 20

U-3917 in Tall sizes 12 to 20

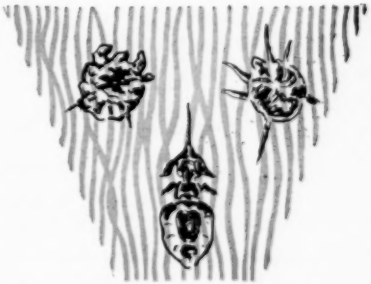
*C-I-L polyester fibre

C-I-L CANADIAN INDUSTRIES LIMITED

'CUPREX'

The quick, easy way to destroy lice and nits

It is not sufficient to eliminate lice and hope for no reinfestation as long as the nits (eggs) still remain. 'CUPREX' kills both lice and nits completely with one administration, eliminating troublesome, untidy, repeated applications. Non-injurious to hair and skin, 'CUPREX' is the one-time pediculicide. Available in 3 oz. and 16 oz. bottles from any drugstore.



MSD

Merck Sharp & Dohme
Division of Merck & Co. Limited
Montreal 30, Que.

THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 53 **NUMBER 9**

SEPTEMBER 1957

782 New Products

789 The Importance of the Individual ..... *Alberta Creasor*

791 The Farce of Nursing Education ..... *H. B. Atlee*

795 Planning and Implementation of a Nursing Referral Program ..... *K. Brady*

799 A Statement regarding Labor Relations ..... *Edna Rossiter*

800 A Threefold Program ..... *D. Van Buskirk*

802 Alcoholism and the Nurse ..... *Dorothy Fulford*

805 Cerebral Hemorrhage ..... *Faye Bonvie*

808 Caesarean Section ..... *A. Tymstra, S. Brown and A. Briers*

812 Job Satisfaction ..... *Hazel E. Fletcher*

820 In Memoriam

824 Sélection

826 L'Enseignement Clinique dans un Service de Médecine ..... *L. C. Hamel*

832 Effective Planning in a Small Hospital ..... *Sister Yvonne Vien*

838 Nursing Across the Nation

842 Le Nursing à travers le pays

846 Book Reviews

850 Canadian Tuberculosis Association ..... *W. C. Wood*

850 Annual Meeting in Ontario

857 News Notes

861 Employment Oppportunities

Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

Assistant Editor
JEAN E. MacGREGOR, B.N., R.N.

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

Subscription Rates: Canada & Bermuda: 6 months $1.75; one year, $3.00; two years, $5.00.
Student nurses — one year, $2.00; three years, $5.00. U.S.A. & foreign: one year, $3.50; two years, $6.00.
In combination with the *American Journal of Nursing* or *Nursing Outlook:* one year, $7.00.
Single copies, 35 cents.
Make cheques and money orders payable to The Canadian Nurse Journal.
Detailed *Official Directory* appears in **July & December.**
Change of address: Four weeks' notice, and the *old* address as well as the new are necessary.
Not responsible for Journals lost in mail due to errors in address.
Authorized as Second-Class Mail, Post Office Department, Ottawa.
National Advertising Representatives: W. F. L. Edwards & Co. Ltd., 34 King St. E., Toronto 1, Ont.
Member of Canadian Circulations Audit Board.

1522 Sherbrooke Street, West, Montreal 25, Quebec

THEY'RE HERE!

NEW
OPAQUE
NYLON
UNIFORMS
by
White Sister

NOW AVAILABLE AT
EATON'S
OF CANADA

IN SMART-LOOKING,
TRIM-FITTING
NEW STYLES

NO SHOW-THROUGH

All the easy-care qualities of nylon . . . easy washing, quick drying, little or no ironing . . . are now yours in dazzling-white new *opaque* nylon uniforms by White Sister.

See these trim new styles at Eaton's of Canada now . . . the prettiest, most practical White Sister uniforms *ever* . . . in new, *opaque* nylon.

DU PONT CANADA

Textile Fibres Division

Du Pont Company of Canada (1956) Limited
MONTREAL

Between Ourselves

WHEN **Alberta Creasor,** who heads up the Vancouver District of the V.O.N. and is immediate past president of the Registered Nurses' Association of British Columbia, prepared her guest editorial she gave us a pointed example of the tremendous changes in emphases in provincial association activities that have evolved in the past 20 years. The average registered nurse in the late 1930's was not very interested in the workings of the association to which she belonged. True, she paid her fees (which were small!), sometimes under very vocal protest. What did the association ever do for her?

The meager staffs at every one of the provincial offices were so busy with routine work, with preparations for R.N. examinations, with executive and annual meetings, with regular "inspections" of the schools of nursing, that there was precious little time left for contacts with the members. Human relations between the executive secretaries and the members, the Board and members were scarcely worth recording. Oh, yes, there were "section" meetings once a year, sometimes oftener. Do you remember how difficult it was to persuade nurses, particularly those in private nursing, to turn out for meetings unless the question of salaries was to be discussed?

Miss Creasor has described the present-day programs of the nurses' associations that, in essence, revolve around the individual nurses. Even more strikingly, her successor in the presidency, **Edna Rossiter,** in her brief message on page 799, further demonstrates the "new look" in nursing association practice. Do you support the unanimous decision of the Executive Committee of the RNABC? We would welcome your comments.

* * *

Dr. H. B. Atlee deliberately chose a most provocative title for his comments on nursing education in the hope that he would not only stir up some controversy but would also awaken nursing committees to the importance of patient-centred teaching for all of the student's learning activities once she has mastered the basic fundamentals. His plea, in short, is that in preference to a body of clinical instructors who are dissociated from patient care, the head nurse or her assistant should be assigned the duty of teaching and supervising the student nurses. How do those of you who are currently engaged in clinical teaching feel about it? Again, we invite you to write and tell us your thoughts.

* * *

We are accustomed to think of the large hospitals as the places where new ideas are tried out, where experiments in cupboard arrangements, equipment placement, etc. bring order out of a possible chaos. Visits to the small rural hospitals are reassuring, however. If you have never worked in one you would be delighted if you walked through any one of hundreds of the small institutions in outlying communities. Most of them are compact, well arranged and tastefully decorated. **Sister Yvonne Vien** tells us of the way they are successfully utilizing every bit of space at St. Margaret's Hospital in Biggar, Sask. Incidentally, we liked the sign at the outskirts of the little prairie town. "New York is big, but this is Biggar!"

* * *

For a long time we have tried to figure out a satisfactory way to make a study of your reactions to the monthly fare provided in successive issues of *The Canadian Nurse.* Obviously, it would be both impractical and costly to seek out *every subscriber* (there were 36,338 in June, 1957!) and ask a series of questions. This matter was discussed in considerable detail with the CNA Public Relations Committee whose chairman remarked " I think we can help you with a survey of that kind."

Developments of the plan are well along now. A questionnaire based on the content of the October issue has been prepared. Some 5 per cent of the names and addresses of our subscribers will be released to the provincial Public Relations Committees who have been made responsible for conducting the interviews. We hope you will enjoy every bit of the October number and will give us your full cooperation in completing the questionnaire if your name happens to be among those selected at random.

The senior students pictured on our cover visited the General Motors Assembly Plant, Oshawa for an introduction to industrial nursing.

WILLS EYE HOSPITAL
Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools.* Operating Room Training is scheduled in the course.

• MAINTENANCE AND STIPEND: $165 per month for four months and $175 per month for the next two months.

• REGISTRATION FEE is $15 which takes care of pin and certificate.

• Classes start **March 15th** and **Sept. 15th.** Ophthalmic nurses are in great demand for hospital eye departments, operating rooms, and ophthalmologists' offices.

For information write to

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street
Philadelphia 30, Penna.

THE JOHNS HOPKINS HOSPITAL
SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

IT'S ONLY NATURAL THAT SO MANY NURSES WHO KNOW ALL TYPES OF UNIFORMS END UP BUYING AND WEARING

BLAND'S

TAILORED UNIFORMS

Catalogue on request

Style 1465 in Perfect Poplin

•

Made only by

BLAND & COMPANY LTD.

2048 UNION AVE.

MONTREAL, CANADA

New Products

Edited by **DEAN F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ACTOZINE

Manufacturer — Paul Maney Laboratories Canada Ltd., Toronto 14.

Description — Benactyzine hydrochloride, a tranquillizing agent without sedative effect, or any general suppressive effect. Tablets of 1.0 mg.

Indications — Psychoneuroses — especially anxiety states, depressive reactions and obsessive-compulsive reactions.

Administration — Effective dosage is 1 mg. or 2 mg. (or in some cases 3 mg.) 3 or 4 times daily. Usually therapy is begun with 1 mg., 3 or 4 times daily for 4 to 7 days. The dose is increased if necessary to achieve a satisfactory response or until the onset of side effects. Treatment may need to be given for 1 or 2 weeks before beneficial effects are noticeable.

BENDECTIN

Manufacturer — Wm. S. Merrell Company, St. Thomas, Ont.

Description — Each white coated tablet contains: Bentylol (dicyclomine) hydrochloride 10 mg. decapryn (doxylamine) succinate 10 mg., pyridoxine hydrochloride 10 mg.

Indications — For prevention of nausea and vomiting of pregnancy.

Administration — For prevention, two tablets at bedtime. In severe nausea, symptomatic relief is obtained when one additional tablet is taken upon arising and one in mid-afternoon.

IBATRAN

Manufacturer — Ingram & Bell Limited, Toronto.

Description — Each compressed tablet contains 0.25 gm. (4 grains) of Acetylbromdiethylcarbamide.

Indications — A low-level sedative and tranquillizer for various anxiety states. Particularly indicated for daytime use.

Administration — As a sedative — 1 or 2 tablets 2 or 3 times daily as indicated. As a hypnotic — 2 to 4 tablets.

LIPACHOL LIQUID

Manufacturer — Mowatt & Moore Ltd., Montreal.

Description — Each 5 cc. teaspoonful contains: dl-Methionine 75 mg., choline dihydrogen citrate 350 mg., betaine 625 mg., meso-inositol 60 mg., thiamine HCl 2.5 mg., riboflavin 2.5 mg., pyridoxine HCl 2.5 mg., niacinamide 7.5 mg., vitamin B_{12} cryst. 10 mg.

Indications — To decrease deposition and accelerate removal of fat from the liver in primary and secondary hepatic disorders of nutritional or toxic etiology.

Administration — Two teaspoonfuls 3 times daily with meals.

MOBENOL

Manufacturer — Frank W. Horner Ltd., Montreal.

Description — Brand of tolbutamine (N_1-butyl-N_2-p-tolylsulfonylurea), orally effective hypoglycemic agent.

Indications — For treatment of less severe forms of diabetes mellitus, under the direction of a physician, following certain basic principles and precautions.

Contraindications — Should not be used in diabetic emergencies, such as coma, pre-coma, acidosis, etc.; or in patients who develop ketonuria readily when insulin is stopped. Should not be relied upon during severe infection, trauma, major surgery, or complications of pregnancy.

TRAL with PHENOBARBITAL

Manufacturer — Abbott Laboratories Ltd., Montreal.

Description — Each green filmtab Tral contains the postganglionic anticholinergic, hexocyclim (N-(B-Cyclohexyl-B-hydroxy-B-phenylethyl)-N'-methylpiperazine Methosulfate) 25 mg. Each lavender filmtab Tral with phenobarbital contains: Hexocrylium 25 mg.., phenobarbital 15 mg.

Indications — For anticholinergic effect in management of peptic ulcer and gastrointestinal disorders associated with hyperacidity and hypermotility, and in certain spastic conditions of the intestinal tract.

Administration — Initial recommended oral therapeutic dose is one 25 mg. Filmtab 4 times daily, usually before meals and at bedtime. Dosage should be adjusted according to patient's response and side effects.

Contraindicated in glaucoma. Should be used with caution in serious cardiac disease or prostatic hypertrophy.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH POSTGRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION & TREATMENT OF TUBERCULOSIS.

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing,
Mountain Sanatorium,
Hamilton, Ontario.

ROYAL VICTORIA HOSPITAL

School of Nursing, Montreal

COURSES FOR GRADUATE NURSES

1. A four-month clinical course in *Obstetrical Nursing.*
2. A two-month clinical course in *Gynecological Nursing.*

Salary—After second month at General Staff rates.

For information apply to

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

PSYCHIATRIC NURSING COURSE

The ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY OF THE ROYAL VICTORIA HOSPITAL offers six-month courses in Theory and Practice in *Psychiatric Nursing* to *Graduate Nurses* in good standing in their own province.

Classes — Spring and Fall.

Complete maintenance or living-out allowance, meals in hospital and uniform laundry for the first three months. General duty rates the second three months.

For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Cynthia Lidstone, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

THE NATIONAL HOSPITAL

Queen Square,
London, W.C.1.

and

MAIDA VALE HOSPITAL

London, W.9, England

POSTGRADUATE NURSING EDUCATION

for

MEDICAL NEUROLOGY AND BRAIN SURGERY

One year courses open to graduate nurses.

3 mo. full-time instruction in the school.

8 mo. clinical experience.

1 mo. vacation.

Certificate & Badge awarded.

Salary paid throughout the year.

For further particulars apply to the Matron,

THE NATIONAL HOSPITAL

McMASTER UNIVERSITY

School of Nursing

1957-1958

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Calendar-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education.

Bursaries are available in both years of this course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario

PYRIBENZAMINE LONTABS

Manufacturer — Ciba Company Limited, Montreal.

Description — Long-acting tablets containing 33 mg. of PBZ in a Rotocote shell and 67 mg. of PBZ crystals homogeneously dispersed in a special core. The shell disintegrates almost immediately on entering the stomach, releasing for rapid absorption an effective dose of pyribenzamine. Uniform therapeutic levels are maintained by supplementary reserves of the antihistamine which are liberated for as long as 12 hours from the slowly and steadily dissolving core.

Indications — For symptomatic control of allergic manifestations.

Administration — One in the morning and one in the evening are generally adequate for "around-the-clock" allergic protection. In certain difficult cases the dose may be doubled or increased to one every 8 hours.

STOP BITE

Manufacturer — Hand Care, Inc., 4953 N. Kenmore Ave., Chicago 40.

Description — Cream-base formula that dries to a natural color hard finish.

Indications — To discourage and correct the nail-biting habit. Applied to short nails, the tasteless cream dries to a hard finish that is too hard to bite through.

RESUSCITATOR

Manufacturer — National Cylinder Gas Company, Chicago.

Description — A new, lightweight, back-pack resuscitator. Designed to fasten quickly to the back, leaving the hands free for emergency care. Controls allow for automatic inhalation and exhalation until normal breathing is restored. May be converted to an inhalator for direct administration of oxygen or can be adjusted to act as an aspirating machine to suction obstructing material from the throat. May be equipped with dual oxygen masks if necessary.

Indications — In cases of gas poisoning, suffocation, heart failure, shock, drowning and similar emergencies.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified **Registered Graduate Nurses** the following opportunities for advanced preparation:

1. A six-month *Clinical Course in Obstetrics.*
2. A six-month *Clinical Course in Operating Room Principles and Advanced Practice.*

These courses commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING
GENERAL HOSPITAL
WINNIPEG, MANITOBA

PSYCHIATRIC NURSING COURSE

The Hospital for Mental Diseases, Brandon, Manitoba, offers a 6-month Diploma Course in Psychiatric Nursing to Registered Nurses.

Applicants accepted in November of each year. Salary while taking course: $210 per mo. less $25 per mo. for full maintenance.

Upon completion of course nurses are eligible for positions on Permanent Staff.

For further information apply:

Superintendent of Nurses,
Hospital for Mental Diseases,
Brandon, Manitoba.

NOVA SCOTIA SANATORIUM
KENTVILLE **N.S.**

Offers to Graduate Nurses a Six-Month Course in ***Tuberculosis Nursing,*** including Immunology, Prevention, Medical & Surgical Treatment.

1. Full series of lectures by Medical and Surgical staff.
2. Demonstrations and Clinics.
3. Experience in Thoracic Operating Room and Postoperative Unit.
4. Full maintenance, salary & all staff privileges.
5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

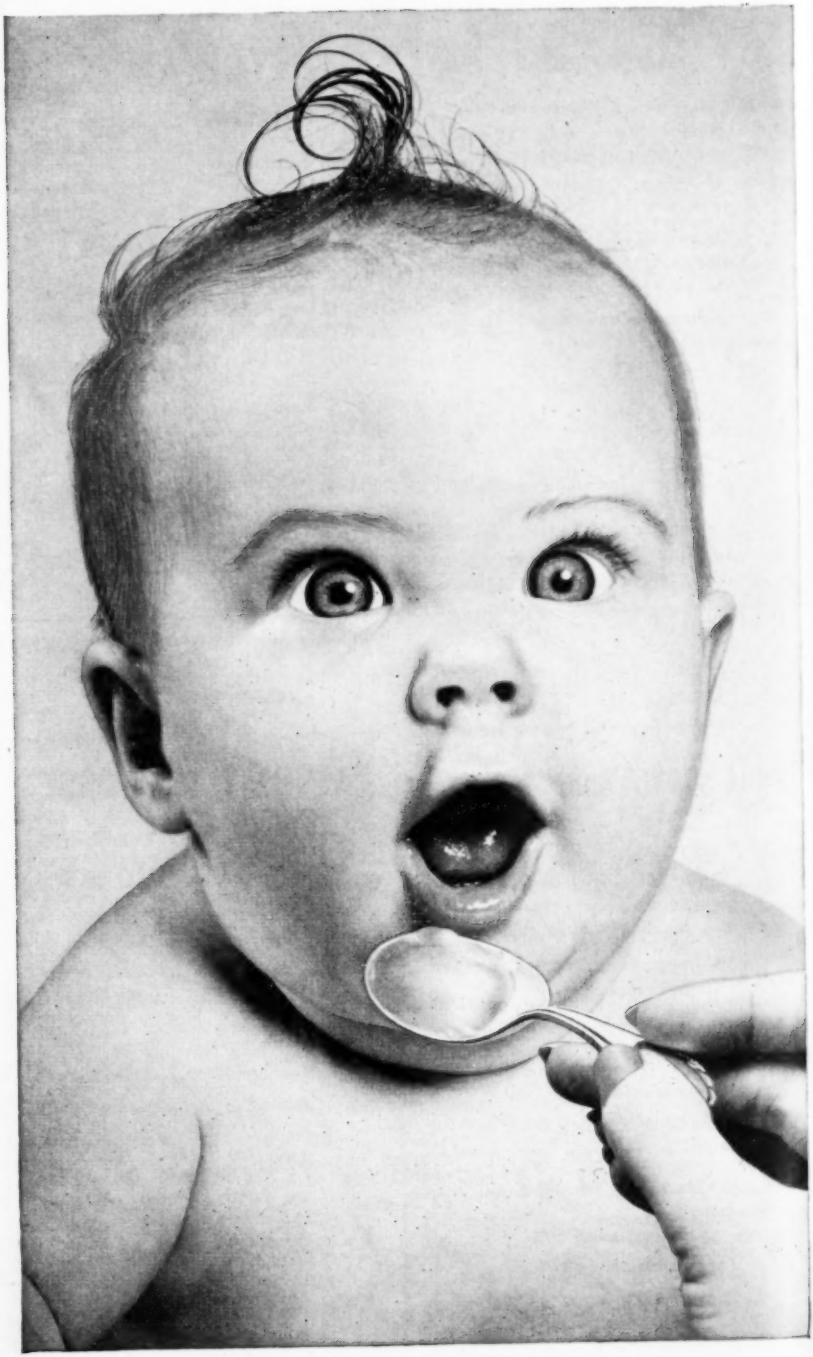
PSYCHIATRIC COURSE
for
GRADUATE NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Graduate Nurses a six-month certificate course in *Psychiatric Nursing.*

- Classes in March and September.
- Remuneration and maintenance.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses
Nova Scotia Hospital
Drawer 350
Dartmouth, Nova Scotia



to awaken any baby's natural liking for meat

SWIFT ANNOUNCES 3 NEW fruit-flavored

Meats for Babies!

100% Strained Pork *with* Apple Sauce Added

100% Strained Ham *with* Raisin Sauce Added

100% Strained Lamb *with* Mint Flavour Added

High in Protein . . . Highly digestible!

As a doctor, you know that some babies take to meats from the start. Other babies take a little longer to become acquainted with meat's distinctive flavor.

To some mothers, you may have suggested combining meat and fruit to implement baby's earlier acceptance of meat.

Because this is so sensible and works so well, Swift scientists have created three new and wonderful fruit-flavored meats.

All three are 100% meat, with a bit of fruit and mint added for tempting flavor. They're smooth, too. So smooth babies take to them easily, quickly. They're high in protein and very easy to digest.

And they're as delicious, as wholesome, as Swift's 102 years' experience in preparing fine meats can make them. You can recommend all three with complete confidence. (Available in chopped style for Juniors too.)

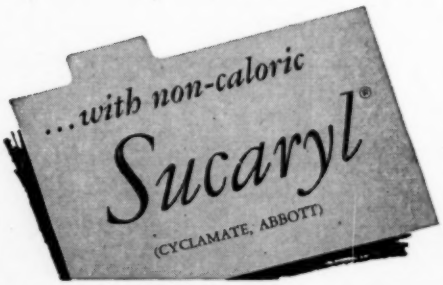
12 other tasty varieties:
Beef, Pork, Ham, Liver & Bacon, Lamb, Liver, Chicken, Chicken & Veal, Veal, Beef heart, Egg Yolks and Salmon Seafood for Babies.

Swift
102ND YEAR
To Serve You Better

Meats for Babies • Swift's most precious product

for sugar-restricted dieters . . .

all the sweetness they want



GREATER VARIETY of fully sweetened foods can be included in sugar-restricted diets with the use of SUCARYL, because this new non-caloric sweetener can be used in all cooking, baking, canning and freezing processes without losing its sugar-like sweetness. Patients like it, too, because there is no bitter or metallic aftertaste in ordinary use. SUCARYL is available at all pharmacies in both tablet and solution forms, including a calcium solution for use in low-salt diets. Recipe booklets for distribution to dieting patients may be obtained by writing:

Abbott

ABBOTT LABORATORIES LTD.,
MONTREAL

THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 53 NUMBER 9

MONTREAL, SEPTEMBER, 1957

The Importance of the Individual

BRITISH COLUMBIA is a far-flung and widely scattered province. Its mountains and its valleys provide scenery which cannot be surpassed any place in the world; they also provide spectacular adventures when one travels the roads in the more remote areas and finds oneself rounding curves with thousands of feet of rock rising on one side and a sheer precipice dropping into space on the other.

The nine Districts and 36 Chapters which form the component parts of the Registered Nurses' Association of British Columbia are distributed over 366,000 square miles — an area one-third of the size of India. In order to attend a District meeting nurses in some sections have to travel 100 miles. In certain seasons of the year the roads may be sheeted with ice. Making the hair-pin turns under these conditions demands skill, fortitude and a genuine interest in meeting with one's professional friends and keeping up to date in nursing affairs.

It has been the constant and continuing concern of our Association that every member should be informed, participate in and derive the utmost benefit from the activities of the Association. Each District is represented on the Council and the expenses of the representative to the Council meeting are paid by the Association. It is the Councillor's responsibility to report back to the District and Chapters. The Association also assumes the expenses

(Paul Horsdal Ltd. — Ottawa)
ALBERTA CREASOR

of one delegate from each Chapter to attend the annual meeting. For a number of years an educational program has been planned for the day preceding the annual meeting. For the past several years the meeting itself has rotated to the various centres where accommodation is available.

Throughout the years, educational programs have been planned to meet the expressed needs of the various groups within the Association. An itinerant instructor was employed for a time to conduct a series of lectures throughout the province on newer drug therapy. A series of institutes was sponsored in 1955 on rehabilitation nursing. The institutes were taken to all areas where representatives from the surrounding localities could be assembled.

Visits to Districts and Chapters by members of the provincial office staff have done much to stimulate the interest of nurses in their organization. Immediately following her attendance at the I.C.N. Membership Committee meeting in 1956 our Executive Secretary visited as many Districts and Chapters as possible throughout the province. This afforded an excellent opportunity of reminding nurses of the function of the International Organization and of our responsibility as individual members.

An annual conference for the administrative staffs of the six schools within our province, plus the University School, has been instituted. These conferences are designed to give an opportunity for the consideration of matters relating to nursing education for which the Association has a responsibility and which will promote better nursing service in general service.

A Labor Relations program was initiated as long ago as 1946. There has been an increasing recognition of the assistance available to nurses through the utilization of this resource within their professional organization. At the present time the Association is the certified bargaining authority for nurses employed by 35 hospitals and five public health agencies.

One major project which received the unanimous approval and support of the membership was the erection of our own headquarters office. The continuing interest of the Districts and Chapters in contributing to the furnishings has been gratifying. It is evidence of the pride which all our nurses have in the attractive and functional building our Association's staff now occupies.

A professional organization exists in order that its members may cooperate in the development of projects that are beneficial to its total membership and to those whom its members serve. Each succeeding year since 1913, when the minutes of the first annual meeting of the "Graduate Nurses' Association of British Columbia" were recorded, has seen continuing expansion and growth. We recognize that it requires the united efforts of our 7,000 members to keep pace with the many challenges which face the profession of nursing. "The present is the workshop in which the future is being made."

ALBERTA CREASOR
Immediate Past President
Registered Nurses' Association of British Columbia.

Hospitals throughout Canada are now using fibrinogen, a blood fraction, to save mothers from death by hemorrhage at childbirth. It is distributed free to hospitals by the Blood Transfusion Service of the Canadian Red Cross Society. Plasma protein forms the framework of a blood clot. The fraction is a white material resembling cotton or spun glass. Under certain circumstances the amount of fibrinogen in a patient's blood decreases to such a degree that the blood will not clot. Complications of pregnancy and childbirth may lead to this situation. When this occurs, even large amounts of whole blood may not control hemorrhage. To restore the clotting mechanism, the physician dissolves the fibrinogen in distilled water and injects the solution into the mother's veins.

— *News of Red Cross*

* * *

The Ontario Government plans to make poliomyelitis vaccine available to all medical practitioners in that province as soon as possible. Such distribution will probably follow the conclusion of the present vaccination program being carried on by Medical Officers of Health.

The Farce of Nursing Education

H. B. Atlee, M.D., F.R.C.S.

What I have to say here of nursing education may not be true of all schools of nursing, but it is true of all I happen to know personally. I am concerned, not with the teaching of chemistry, anatomy and such other basic subjects, but with the instruction in actual bedside nursing and ward management. In short, I am concerned with the manner in which a nurse is taught to care for a patient.

This care is important. In these days of complicated nursing techniques it can mean the difference between life and death. It can certainly mean the difference between comfort and agony in the carrying out of such techniques as catheterizations of female patients, intramuscular injections, enemas, etc. A nurse is with a patient for 24 hours out of the day. It is therefore of the greatest importance to the patient that the teaching and supervision of the nurse who looks after her is of the highest quality, and that such teaching is aimed at her needs and comforts rather than the fulfilment of a rigid (and often outworn) curriculum laid down by superintendents of nurses who themselves have not nursed for many years, and whose ideas may be rooted in a superseded past.

The hospital in which I work is a large and good one, dedicated not only to the teaching of nurses but also of medical students. Its method of recruitment of its nursing instructors and their use is probably typical of many hospitals of its size and character. What happens is this: a nurse shows outstanding ability as a charge nurse. She is a first-class manager as well as a first-class nurse. She runs an excellent floor or ward, and she sees that her patients get the best nursing care. Because of this, she is made a nursing instructor. Common sense would dictate that she be left in charge of her ward — where she has shown such excellence — but be given sufficient help so that she can undertake the required clinical teaching, which she is so obviously so capable of carrying out not only by precept but by example.

Common sense, I repeat, would dictate this. But it is not what happens. Instead, this bright and able nurse is lifted out of her milieu of achievement and dumped into a classroom. She is no longer a nurse nursing; she is only a teacher teaching. She may or may not come back to the ward from time to time to find out what is new in nursing care. She may actually do some nursing in the ward. She may bring groups of nurses to the floors to demonstrate techniques over which she once presided as charge nurse. But because she is no longer a charge nurse, because she is probably not even nursing any more, she loses touch with the advancing front. Slowly but surely her ideas become antiquated. All sorts of changes in technique are occurring of which she may never become aware, or at the best, after considerable interval. What she now teaches is what she once did — and what she has since learned, not from actual practice but second-hand. What she should be teaching is what somebody else who replaced her as a charge nurse is now doing. Slowly but surely her teaching suffers and — unless matrimony rescues her in the meantime — she becomes a nursing has-been. More and more she is forced to depend on something she reads in a textbook, and less and less on what is actually being done in her own hospital.

Let me give you an illustration of this. In my ward, which is a gynecological one, we use the metal catheter, and have devised a quick and simple technique of catheterization. Its speed and efficiency is important because all specimens for examination have to be catheter. All the members of the attending staff of our department use this metal catheter technique in their private practice and have found it quick, safe, and comfortable to the

Dr. Atlee is Head of Department of Obstetrics & Gynecology, Dalhousie University, Halifax, N.S.

patient. Yet, despite the fact that in all the years we have been using it there has been no untoward result, this technique is not taught in our nursing school. In fact, until recently, our undergraduates were actually warned that they must not use it! Somewhere it is written in a book that solid catheters are bad medicine — so the dead book in the library becomes more important than the living practice in the ward. Now I happen to have lived long enough to know why solid catheters were given up. In those days they were made of glass which, after boiling, became extremely brittle and would shatter at a touch. Some of these shattered while inside a bladder. Thus the solid catheter became taboo. But metal is not glass.

Let us return to this farcical system of taking good nurses away from the bedside to make eventual failures in the lecture room. This was the system in vogue in the education of doctors up to a century ago. Most of the teaching in clinical medicine was done in a lecture room, often by doctors who simply read from notes they had copied from a book the night before. But, increasingly, in the last 50 years clinical education has moved from the lecture room to the bedside. Medical students are taught medicine on the actual patient in the actual ward by a doctor who is actually looking after the patient. Why has nursing education lagged in this respect? Are nursing superintendents and others guiding the destiny of nursing education more timid, more reactionary, less progressive than doctors?

I maintain that no nurse can teach clinical nursing forcefully, effectively, and completely unless she is at the same time actually practicing nursing. I maintain furthermore that, until the nurses in charge of floors and wards, (in the same manner that the doctors working in these floors and wards, teach medical students) do the actual instruction in clinical nursing, nursing education will remain a farce and a delusion. When doctors complain that nurses these days are being taught too many unnecessary subjects, they really mean that they are not being instructed effectively in clinical nursing. Not that they are learning too much anatomy, but too little about the actual care of the patient. If medical education is right in insisting that clinical teaching be done by a clinician who has charge of patients at the actual bedside of the patient, then nursing education is wrong in its present methods of teaching techniques on a dummy in a classroom by a nurse who is not nursing. A nurse cannot be seconded from actual nursing and expected to maintain the fine-drawn closeness to the subject of nursing that good teaching calls for. Instead, she undergoes that slow death of the mind that separation from its lifespring entails.

But this slow death is not the worst feature of the situation. These seconded nurses, who represent the cream of the crop, have been taken away from care of the patient at which they were so proficient. The actual nursing of the patient suffers by being relegated to the less efficient. It might actually have improved if these nurses had been left in charge of wards but had been able also to teach. Hospitals should be run primarily for the cure of the sick, and this can be best achieved by having the ablest nurses doing nursing and not something else.

Another bad factor arises out of a situation where charge nurses and graduates have no real integration into the system of nursing education in their hospital. Led to believe that nursing education is no part of their job, they tend not only to carry out their work independently of the undergraduate nurse, but to feel that it is none of their business really to instruct the latter. As a result, a barrier gradually grows up, with the actual practicing graduates on one side of it and the personnel of the school of nursing on the other. This barrier tends to rise higher and higher as the clinical teaching on one side diverges further and further from the actual practice on the other. This is not good for the patient, the hospital, nor nursing education.

While there will probably always be some barrier between management and workers, this certainly will not be so high if every graduate taken on the staff of a teaching hospital becomes a part of the faculty of the school of nursing, in the same way that every doctor taken on to the staff of a teach-

ing hospital becomes part of the faculty of medicine. The nursing graduate on the staff of a teaching hospital should mean as much to the learning nurse as the doctor does to the learning medical student.

One of the arguments I have heard raised against this idea is that there aren't enough good graduates available to teach as well as nurse. Of course that's a frivolous argument. Such good graduates can be found if they are sought for. And if such good graduates are not now available, we should so revamp our system of nursing education as to produce them.

If all the able nurses now rusticating as teachers in classrooms were brought back to the floors and if, in addition, all those others doing jobs for management that could as readily be done by an intelligent clerical worker, were set free to do the job for which they spent three years in training, a considerable group of nurses capable of both teaching and nursing would become available. Our larger schools of nursing might even consider paying more to get the superior type of graduate, capable of both parts of the program. If the doctors attached as clinicians to such hospitals are paid for teaching why shouldn't the graduate nurses be? (In parenthesis, may I say I pray nightly that we will some day be wakened sufficiently from our stupidity to pay the charge nurse, who runs an efficient ward or floor, approximately what she is worth.)

I cannot persuade myself that the school of nursing, which completely controls the education of the nurse irrespective of nursing needs within the hospital, is the whole answer to the educational problem. No system of nursing or medical education is good which is not fully integrated to the very best interests of the patient. If the instructors in such schools are seconded from nursing to become mere teachers, and if the instruction in nursing techniques is given by them rather than the floor charge nurses, the old iniquity remains. Nursing is being taught by someone who is no longer a nurse. This, I repeat, is as stupid as placing medical students under the tutelage of a doctor who is no longer seeing patients.

The validity of the concept that practical nursing procedures should be taught by the charge nurse and her associate graduates must be apparent to anyone who follows such procedures on any progressive ward or floor. These procedures change from day to day. In those wards dedicated to specialty work, they are very often at variance from those carried out on general medical and surgical wards. Nobody not nursing on those wards can be completely abreast of such changes.

The difficulty, of course, is to set the charge nurse and her graduates sufficiently free from routine that they will have time for such teaching. The two great wasters of the nurse's time are paper work and answering the telephone. The bigger the hospital, the bigger this wastage. As a result, in many hospitals, the most expert nurse on the floor spends most of her day, not at the nursing at which she excels but, in making out slips, filling in forms and charts, and answering the telephone. The other day I saw the two graduates on duty doing paper work at the desk while the actual nursing in this 24-bed ward was being done by a "probie" and an undergraduate. Surely this is the *reductio ad absurdum* in the disposal of nursing skills. This sitting at a desk all day may be broadening to the fanny, but is it broadening to the nursing outlook?

This situation is not peculiar to my own hospital. Not long ago I had occasion to visit a lady who was a patient in one of the better American hospitals. I could not be immediately admitted because she was being catheterized. In the meantime I sat near the charge nurse's desk. She spent the time alternating between paper work and the telephone. When I asked her if this was what she did all day, she replied that it was, and added: "I have to snatch a few minutes once a day to run around and see my patients, but otherwise, here I sit." When I was finally admitted to see the patient, I found her in a state of shock. A very junior nurse had been trying for half an hour to catheterize her, admitting when she finally struck urine that this was only the second catheterization she had ever done, (which caused one

to wonder again if hospitals are run for the patients or the paper work).

The silly part of it is that practically all — certainly up to 90 per cent — of this paper work could be done by a lay person trained on the job. I know, because we have tried it in our ward and it is working. We took an intelligent married woman with no clerical experience, and trained her in two months to handle our paper work and answer the telephone. She also makes herself useful in other ways. In addition, we have worked out a system of charting that cuts this element of the paper work to a minimum. As a result, our charge nurse and her graduates spend most of their time actually nursing and supervising undergraduates.

To any hospital managers who declare that their graduates on the floors are too busy to teach, my reply is: "That's because you lack the initiative and resourcefulness to set them free from non-nursing routine." Set free, as I have indicated above, the charge nurse of every ward and floor could be a part of the faculty of the nursing school and carry out *all* the instruction in nursing techniques. This would take the teaching of nursing techniques away from the dummy in the classroom and put it where it should be — at the bedside of the living patient. It would bring to the teaching of nurses the methods used in the teaching of medical students.

A further benefit from this scheme would be that charge nurses, with teaching as part of their duties, would be forced to maintain a high standard. When procedures are being carried out under the sharp eyes of a group of young onlookers they tend to become more precise. When one is watched one tries to excel. Every medical teacher will agree that he does better work when he is being followed by a group of medical students. All of which redounds to the good of the patient.

In order, however, that teaching by ward and floor nurses can be carried out effectively, nursing school offices must so arrange schedules that any given group of nurses remains attached to that floor or ward for the definitely recognized period required. Only thus is it possible for the charge nurse and the resident to work out a comprehensive schedule of instruction. If undergraduates in such a group are shifted to another ward after a week or ten days and replaced by others who have had to break away from other schedules, they will not reap the proper benefits of any systematized and sensible educational scheme. To be effective, clinical nursing must be taught in a systematized and organized way, and the ward personnel conducting it must not be frustrated by this constant transferring of undergraduates to other parts of the hospital before they have completed their instruction.

While sickness, vacations, and the many unforeseen demands that bedevil the situation, even in the best run hospitals, may make it difficult to carry out such a system, nevertheless, it should be possible for rotation of nurses from department to department to approach the systematization of that of our internes. If it can be done for internes who also get sick and have vacation, why not for nurses? Would it not be possible, for instance, to set up a small group of supernumerary undergraduates — to remain on such a group for a month — who could be thrown into all the breaches without disrupting the schedules of the rest?

In my own hospital there are charge nurses of high intelligence and ability who have been in command of wards and floors for years. They have developed outstanding efficiency and shrewdness in nursing techniques and supervision. Yet they do no systematized teaching. It is true that crumbs from their rich table are being picked up by those undergraduates fortunate enough to serve under them. But why crumbs? Why not the whole bread of knowledge that could so ably be served? It is this wastage of outstanding experience in our teaching hospitals that constitutes the farce of nursing education as I have known it. Can nothing be done to shake our schools of nursing out of the rut of the past and into a realization of the facts of modern nursing?

Do you remember how small grains of sand are? Yet if enough are placed in a ship, they sink it. —St. Augustine.

Days are like suitcases . . . all the same size, but some people can pack more into them than others. —*Aldanack*, Aug. 1955.

Planning and Implementation of a Nursing Referral Program

KATHLEEN BRADY, M.A.

INTRODUCTION

FOR SOME TIME nursing has been concerned with the total care of the patient which includes continuity of nursing care. This concept has been projected into plans for referral systems to a greater or lesser extent. Nevertheless, to date referral plans still remain an objective for good nursing rather than an established fact. The reasons for this, no doubt, are many — the main one being extent of planning, cooperation and execution which must necessarily go into the organization and administration of a referral system.

A few years ago the nursing administrators of The Montreal General Hospital and the Victorian Order of Nurses, Greater Montreal Branch, planned the setting up of a nursing referral system. Following collaboration of the respective administrative bodies as well as the doctors and nurses the program started in October, 1955.

Before the program was launched, the initiators had to choose between the giving of preliminary intensive orientation and in-service education or the delegation of the responsibility for organizing the program to one person who would be able to introduce the democratic process gradually, that is, having the staff grow along with the program. Because of existing circumstances the latter method was chosen. It was decided to appoint a Victorian Order nurse who would act as liaison between the hospital and the V.O.N., along with the organization and administration of the program. After many months of operation this method seems to have been successful. The fact that the over-all program was planned and accepted in advance and that the liaison was accepted and given full cooperation in all facets of the endeavor did help to make the organization of the plan run smoothly.

Miss Brady is supervisor of the West District of the Greater Montreal Branch of the Victorian Order of Nurses, Montreal.

NEW RELATIONSHIPS

As in most hospitals, the practice of referring patients for continued care in the home was being done by the Social Service Department. The transferral of this practice to the nursing department involved common consent from both. Through the establishment of excellent working relationships, this transferral took place gradually and with the minimum of confusion. To practice good nursing in the home, the nurse must not only be familiar with the medical status and the nursing needs of the patient, she must also be aware of the social and economic factors in the home environment. In this latter area the liaison works closely with the social worker.

Other functions formerly performed by the social service such as renewal of physicians' orders and prescriptions, and answering requests for information from the V.O.N. about discharged patients was taken over by the liaison. This not only involves a process which is mechanically time-consuming, but also knowledge of medical and nursing facts. The Social Service Department was most helpful in aiding the liaison to orientate herself to mechanics of these functions.

The Record Department is one with which the liaison works closely. Valuable information, which is frequently requested by the visiting nurse, cannot be relayed by the doctor through the liaison unless she has access to the patients' charts. At all times the Record Room has cooperated to make the work of the liaison lighter.

Good working relationships with Registration, Casualty, the Pharmacy, the Tumor Clinic office, and the department of Radiology, to mention only a few, all proved to be necessary. Through gradual orientation to and acceptance of the program by these departments, the work of the liaison was made pleasant as well as minimized. The general tone is work for the betterment of patient service. This is reflected in a cooperative spirit even though the underlying philosophy of the referral program may not be completely understood by individuals.

Planning the Program

In September, 1955, medical and nursing representatives of the hospital and the V.O.N. conferred to outline such items as: initiation of referrals, responsibilities of the doctors, nurses and liaison officer, type of referral form; mechanics of the referral; system of follow-up after the patient had returned home; line of communication; records; office space; and working time allotted to the program by the liaison.

It was decided that the Victorian Order nurse acting as liaison in this program would remain under the administration of the Victorian Order, the Order assuming the responsibility of her salary — the Order, as a voluntary organization thus fulfilling one of its functions to demonstrate to the community the need for such a program.

The hospital agreed to take care of office space, stationery, mailing and telephone costs, referral forms and the services of a part-time typist.

When the program was first initiated the liaison was in the hospital on a part-time basis but in February 1956 it was found necessary for her to remain in the hospital on a full-time basis.

Organization

The program started gradually on the three medical wards. Enthusiasm and encouragement from the nursing and medical directors as well as several of the doctors and nurses gave it impetus. The head nurse was the focus of orientation. Individual conferences with these nurses, who either included the ward staff or later relayed the orientation, proved to be a slow but on the whole a successful way of introducing the program on each ward.

Meetings with the administrative, teaching, supervisory and head nurse groups took place on several occasions to discuss the program as a whole and individual items in particular. Notice of incidental changes was put on the agenda for these staff meetings.

Before long the program was introduced in the medical outpatient department. Here again individual conferences were held, first with the supervisory group and the social service and, later with the nurses in the department.

The program was then extended to the surgical and specialty wards and outdoor clinics. The liaison visited the semi-private and private wards on request and explained the program. It is hoped that in the future the program will be used more extensively on these wards as the doctors become more familiar with the referral system and the work of the V.O.N.

The conferences reflected the knowledge and interest of the doctors and nurses in relation to their concept of total patient care and the number of referrals from the various wards confirmed this interest. Many of the hospital personnel have not had the opportunity to develop this concept of total nursing care, but nevertheless, the cooperation and acceptance of the program has shown results. In order to develop and stimulate this interest and philosophy a continuing in-service educational program is required if the hospital personnel are to become familiar with all services outside of the hospital and aware of the necessity for advanced planning and well-written referral forms. This is essential if the program is to function successfully.

Future planning includes the setting up of a committee including representatives from all disciplines of the medical team in the hospital and from the V.O.N. It is hoped this will be a nucleus of an in-service program organized and administered by the hospital staff.

The V.O.N. staff is an integral part of the program, and in order to orient them regarding the procedure

supervisors and top administration held several conferences regarding the plan. The staff then was oriented on the district level by the supervisors. After the plan became functional the staff made some worthwhile suggestions. The telephone has proved to be a useful avenue for communication between the liaison and the individual staff nurses in addition to the written referral. In a comparatively short time the V.O.N. staff nurses were expressing their opinions as to the improved work satisfaction and better service to their patients. Referrals for patients already carried by the V.O.N. were sent to the hospital, thus showing the need for the exchange of professional information.

The cooperation of the group is just as essential within the V.O.N. as in the hospital and it is apparent that additional orientation of the V.O.N. staff is also necessary, particularly in the districts where there are few referrals.

Implementation of the Program

Administration of the program naturally followed and was concurrent with planning and organization. A guide to the referral form was drawn up. This was screened by hospital and V.O.N. personnel before it was circulated. It explains fully the mechanics of the referral, the desired content of the referral, as well as the functions of the doctors, nurses and the liaison officer.

The liaison started by making medical rounds with the doctors and nurses. Attendance at established medical social service rounds became a part of her work. In both these situations opportunity arose to acquaint the staff with the policies and the work of the V.O.N. Plans were made at this time for V.O.N. service if the patient needed continued care at home. Previously V.O.N. service had not been thought of for patient observation or for health supervision. Gradually the need and efficacy of this became apparent to the medical team and more referrals were forthcoming. As organized medical and social service rounds do not operate on the surgical and specialty wards, plans for referral were not so easily accomplished. However, several visits a week to these wards proved to be of value in keeping the service known and available when needed. Initiation of referrals may be made by anyone of the hospital team, the patient, or his family. The doctor must sanction the referral and write up the diagnosis, prognosis, treatment while in hospital, recommendations and orders.

The ward or clinic nurse is responsible for completing the identifying data on the referral form and for writing up a brief nursing report. This is new to the hospital nurse and the content is not always as complete as outlined in the guide. It usually reflects the stage at which the nurse is in her concept of what the visiting nurse needs to know.

The liaison officer is responsible for data pertaining to the patients' social and economic status as well as for information that has been cleared with other disciplines such as the physiotherapy, dietary and social service departments. Any information which the liaison feels the visiting nurse should know, but which is not available, is stated as such. In this way the referral form is a blueprint for the starting of good nursing care in the home. Transmission of the referral to the V.O.N., first by telephone, followed by the written referral is also the responsibility of the liaison.

The V.O.N. report which is returned to the liaison office before the patient's clinic appointment is an established pattern with the V.O.N. However, as the practice has increased since the referral plan has been in operation, the content of the report has improved. It has been gratifying to hear a number of doctors in the clinic comment on the value of these reports to them. Periodically, the liaison brings selected V.O.N. reports to the attention of the ward personnel who are interested in a patient's progress at home following their care in the hospital.

In order to practice the concept of continuity of nursing care to its fullest extent a sound follow-up system is necessary. This is the most important part of the referral plan. It involves close contact between the hospital clinic and the V.O.N. through exchange of progress reports. This is an exacting and time-consuming part of the plan.

For follow-up reports a "continuation sheet" is used in triplicate. The travelling continuation sheet is sent out by the V.O.N. three to four days before the patient's clinic appointment. If the written report cannot be mailed in time report is given by telephone at least a day or two before the patient is due in the clinic. After a patient has returned to the clinic two or three times and is improving or at a standstill, he is put on a three-month follow-up basis. When patients are followed at home by their own doctors the original referral is answered within a month. After this, follow-up reports are sent to the liaison office every three months as long as the patient remains active with the V.O.N. This ensures a complete picture of the patient should he be re-admitted.

When patients are dismissed from V.O.N. service this is written on the travelling sheet and sent to the liaison office. This record and the original referral is placed with the patient's hospital record for permanent filing.

In addition to the referrals being initiated in the hospital, the V.O.N. also initiates referrals in the community. This is equally as beneficial to the hospital personnel, who will have a complete picture of the patient's illness, his care and home environment. This information will be of value in planning for the patient's care in hospital or on discharge.

Implications for Nursing Education

Since the program began there have been a number of requests from the Montreal General Hospital School of Nursing for the liaison to take part in panel discussions for preclinical students on total patient care. In this way the students are made aware of the importance of follow-up care in the home.

The McGill School for Graduate Nurses requested the liaison officer to speak to first level students in public health nursing about the program. Several McGill students have been oriented to the program as part of their field experience. One McGill student prepared a study of the program for one of her courses.

Through the interest and ingenuity of one of the hospital head nurses, arrangements were made for several Montreal General Hospital students to make home visits with the V.O.N. to patients for whom they had cared in the hospital.

Even though these incidents have been accomplished outside the framework of a planned educational program, they do point to the fact that a nursing referral program offers some implications for the advancement of nursing education. The program has aroused educators to visualize the need, the opportunity, and the benefits that can be forthcoming from such a program.

Benefits

Since the inception of the program several evidences of rehabilitation have been noted.

Other advantages of the program are that available information about the patient and his family is more complete, thus making it easier for the V.O.N. to give better nursing care in the home.

Doctors and nurses in the hospital have a better opportunity to become acquainted with the work, policies, and procedures of the V.O.N.

The patient and his family are assured of nursing care in the home if needed, and have an opportunity to discuss this with the liaison officer before the patient leaves the hospital.

The patient is followed through the clinic or visits to his doctor by progress reports being exchanged by the V.O.N. and the hospital.

Through the liaison nurses in the community and medical personnel in the hospital are assured of a contact for the exchange of information regarding problems which arise after the patient has been discharged from the hospital or must be re-admitted to the hospital.

The referrals which are sent in by the V.O.N. before the patient comes to the clinic or is hospitalized are helpful to the hospital personnel, not only while the patient is in hospital but in considering plans following his discharge.

The Social Service Department is relieved of a function which rightly belongs to nursing.

Opportunities for nursing education are available.

In conclusion, it might be said that the nursing referral program has been a strong force in bringing about teamwork between the V.O.N., community and the hospital. Through this patients have benefited by receiving more comprehensive care and thus better nursing service.

A Statement regarding Labor Relations

EDNA ROSSITER

IN 1946, the Registered Nurses' Association of British Columbia found it necessary to adopt the vehicule of the Labor Relations Act in order that the technique of collective bargaining could be employed in efforts to improve the salaries and working conditions for nurses in that province. Since that time, and when requested by the nurses employed in any hospital or public health agency, the Association has obtained certification as the bargaining authority for the nurses concerned. At the present time, the Association acts in this capacity in respect to the nurses of 35 hospitals and five public health agencies.

Shortly after the 1957 annual meeting of the Registered Nurses' Association of British Columbia, a crisis arose in connection with the Association's labor relations program. Because there has been considerable press and radio publicity, not all of which has been completely accurate or unbiased, it seems essential that Canadian nurses know what the issues are, what action has been taken by the RNABC Executive and the reasons for this action.

In four situations, when negotiations in respect to 1957 contracts had reached a stalemate, the procedure of conciliation was invoked. Conciliation Boards were set up, heard evidence and submitted reports. In each of these four situations, the Association's representative informed the Conciliation Board, while the hearings were still in progress, that the Association would accept the Board's recommendations, provided the employing hospital would also accept them. In each of these situations, when the report of the Conciliation Board was filed, the employing hospital rejected the report.

The RNABC legal adviser was asked to attend a meeting of the Executive Committee to advise on what further action could be taken. He outlined four possible alternatives:

(a) By publicity, to endeavor to force some action.
(b) Mass resignation of affected staffs.
(c) Strike action.
(d) To accept the situation and do nothing.

He pointed out that if no action were taken the nurses would have no reason to expect any hospital board to accept the recommendations of a Conciliation Board, thus rendering futile any further efforts under our labor relations program. He expressed the further opinion that reliance on publicity alone would not have the desired results, and in any event would take too long. As between strike action and mass resignation, he was of the opinion that strike action would be more effective because of the clearly defined framework within which to work.

After prolonged and serious discussion the Executive Committee of the RNABC by unanimous vote, decided that the nurses involved in these specific situations should be informed that the Association would support them in taking strike action and also that in the event that strike action were taken, the nurses should offer to maintain an emergency staff.

In supporting these nurses, the officers of the Registered Nurses' Association of British Columbia have taken the only action open to them other than that of abandoning the labor relations program without which nurses' salaries and conditions of work in British Columbia would have continued tragically below the standard of other professional and non-professional workers.

Miss Rossiter is President of the Registered Nurses' Association of British Columbia.

It is a common rule with primitive people not to waken a sleeper, because his soul is away and might not have time to get back. —Sir James George Frazer.

A Threefold Program

DOROTHY VAN BUSKIRK

THOUGH OCCUPATIONAL health programs have been an accepted part of industry for many years in some of the provinces, they are comparatively new in New Brunswick. Like our colleagues elsewhere we are primarily concerned with keeping the employees in a state of maximum health. To that end we are very much concerned with the preventive aspects of our work and in establishing good public relations with the workers, their families and the community. At no time, however, is the curative side overlooked or neglected. When actual treatments are being given it is an excellent idea to interject health teaching.

PREVENTIVE ASPECTS

The protection of workers both against the effects of illness and possible accidents while at work is the basis of the program. The soundest way to do this is to have a clear picture of the state of health of everyone working in the plant. This is possible because the company requires a pre-employment medical examination and, when it is indicated, a periodic follow-up examination. The latter is especially important for all persons working in the company cafeteria. Employees who have been treated for tuberculosis, hypertension, overweight, loss of weight, eye conditions, etc. are observed regularly.

Health education is largely an individual matter between the nurse and the worker. Scarcely a patient presents himself to the clinic who does not offer a golden opportunity to get across some subtle bit of health instruction. It also provides an occasion for health counselling covering the entire family. The nurse, especially if she is fortunate enough to have had some psychiatric training, listens with a sympathetic and understanding ear to the tale of trials and tribulations. We realize that many of the patient's problems have their basis in some mental rather than psychical disturbance. We know that an emotional upset frequently accompanies injury. Perhaps the nurse's greatest asset at such a time is her ability to be a good listener. As a rule there is something she can do, even though it may help only a little bit.

Several practical adaptations of a health education program in action will serve to illustrate the value of this service, even in a small plant:

1. Note what the employee is eating in the cafeteria. Why does he avoid harder foods that need chewing? Are his teeth in poor condition?

2. Does he screw his eyes up when he has to read some fine print? How long is it since his eyes were checked? Is this a possible cause of his frequent headaches?

3. When he comes into the clinic, is there a spring in his step or does he seem endlessly weary? Are family problems or late hours and lack of sleep wasting his energies and threatening his health?

The observant nurse does not wait to be told about these and kindred problems. While we must guard against being paternalistic — giving unnecessary or unasked for advice — we have a responsibility to the company as well to the employee. Thus, we give advice on personal and family problems. It is necessary, sometimes, to present the negative side of the picture — what could happen if remedial care is not sought! When he has thought it over for a week or two, the patient usually asks the nurse to make necessary appointments.

Supervision of the working conditions is another active part of the prevention program. The nurse's value on this score is predicated on her understanding of what an ideal working environment should be like. This necessitates some study of the actual set-up. It includes a quick eye for occupational hazards. The sanitary

Mrs. Van Buskirk has been employed with Swift Canadian Co. Limited, Lewisville, N.B. for many years.

arrangements, the lighting, the cleanliness in dark corners — these are all part of the environment and must be considered. When any deviations are noted, it is the nurse's responsibility to inform the proper authorities so that improvements may be made quickly.

Curative Aspects

In the early days of occupational nursing, the chief requirement of the nurse was her trained skill to provide prompt first aid to the injured. This ability is still an important factor in our acceptance by management and workers. Quick, decisive action may make the difference between the breadwinner staying on the job, or returning to it quickly, and a long period of layoff. We do not give treatments for physical disorders, as such, but recommend to the employees that they consult their physicians if any need is evident. However, we assist the employees by replacing dressings when necessary.

Medical reports are made on each patient. Facts of each accident are written into the record as exactly and as concisely as possible so that later, if any question arises concerning it, the record will speak for itself. All injuries, whether industrial or non-industrial, are noted including the specific part involved, both objective and subjective symptoms and signs, where the treatment was given — clinic, hospital or home — the time and date of the accident and the names of any eye witnesses. If the employee is seen immediately by a physician, this will be indicated.

Similar meticulous care is taken in recording the incidence of illness — the diagnosis, the treatment prescribed, the duration, whether recovery is partial or complete, the need for possible rehabilitation and transfer, etc. While our occupational health program does not include actual bedside care in the home, we do make visits to ensure the patient is receiving the required care. These visits provide an opportunity for teaching the rudiments of home nursing. We show special interest in family illnesses, again avoiding paternalism. A telephone call can do wonders if the nurse is too busy to make a home visit. Often an employee requests the foreman to have the nurse call to find out how one of the family is who had taken ill the night before.

Knowing the employees' personalities has enabled us to be helpful in problems brought to our attention by other community welfare agencies. Employees have been encouraged to consult our Mental Health Clinic when their physician has requested their referral. One employee, who was emotionally upset over the fact that his school-age child was unable to enter school, was referred to the Children's Welfare worker who ironed out the difficulty. The public health nurse in the community works closely with us in the reporting and subsequent observation of tubercular patients.

All of this work adds up to a decline in absenteeism. The employees are not encouraged to spend unnecessary time in the medical department but when help is needed the nurse is there.

Relations

Industry classes the contacts made by nurses and social workers as *industrial relations* and includes under this broad heading all work done with employees and their families. They sum up the duties of the occupational health nurse as:

> Keep the breadwinner healthy and contented.
>
> Keep him on the job — a full pay envelope pays off for the employee, his family and the community.

Public relations in industry concerns our suppliers, customers, buyers, competitors or anyone with whom business is done. The nurse puts a somewhat different interpretation on the term, for her relations are largely with the breadwinner. We supply pamphlets and bulletins dealing with health and safety problems in special racks in the lunch room. We help to make the employees understand that their jobs, however insignificant or large, are important to the over-all production picture. We encourage them to become members of the Employees' Benefit Association, the Blue Cross, the Credit Union. We take an interest in their hobbies, their recreational activities and encourage them to participate in community

enterprises whenever possible.

In closing, the occupational nurse by being pleasant, courteous, professional and helpful can exert an influence that is beneficial to the employee, his home and community.

Alcoholism and the Nurse

DOROTHY FULFORD

ALCOHOLIC PATIENTS have been, to date, one of the most neglected, clinically, of any sick people in our communities. During the past 10 years more attention has been directed to this type of illness. Committees have been set up to study causes, methods of treatment, and preventive aspects. Treatment clinics and rehabilitation centres have been organized. Gradually the stigma is being lifted from the alcoholic and he can seek treatment and obtain adequate care more readily. However, it is still an outstanding problem.

The alcoholic himself is only part of the problem. The monetary costs can be measured in wage losses, accidents, hospital care and jail maintenance. It has been estimated that an alcoholic in industry loses 22 days a year from the acute effects of alcohol and two days more than the nonalcoholic due to various other ailments. His accident rate is twice that of abstainers or normal drinkers[1]. Families are separated and neglected. Parents are divorced, leading to emotional disturbances and other social problems.

A survey shows that Canada has over 200,000 compulsive drinkers. In 1953 there were 2,174 first admissions to Canadian mental hospitals for alcoholism[2]. It is easy to realize, then, that a nurse in industry or public health may frequently be called on to deal with the many problems that follow alcohol addiction. She must be able to discuss these problems intelligently with families. She must be able to direct their needs to health and social agencies in the community. The purpose of this study is to present information about alcoholism that the nurse can use in a program of aid to the alcoholic, his family and as information for the public.

Until recently there was not much information published about alcoholism. Most of the literature consulted for this study has been found in current nursing and medical journals. The writings of Dr. R. G. Bell have been particularly helpful. He is the medical director of Shadow Brook Health Foundation at Willowdale, Ontario — a treatment and rehabilitation centre for alcoholics. An address given by Miss Grace Golder at the first Nurses' Institute on Alcoholism at Yale Summer School of Alcohol Studies in 1954 dealt with the emotional aspects of the patient and his family. These and other articles all point to the need for the nurse to know more about the problem of alcoholism so that she may tackle it effectively.

In studying alcoholism as a disease the cause should not be confused with the effect. Alcohol causes a chemical change in the body, producing an abnormal metabolic state in the people who become addicted to it. Diabetics cannot handle sugar in the normal way. Some people are allergic to ragweed. Chronic toxic exposure to alcohol produces addiction to it for some individuals. If an alcoholic understands this, he can see why he must never consume any alcoholic beverages again. When he does he sets off a chain of reactions in his body that he is powerless to stop. Acute intoxication is usually the end result.

If a person knows that alcohol can change his body and inflict disease, why does he continue to drink? Actual drinking behavior represents a dynamic psychological equilibrium in which initial anticipation of anxiety reduction

Mrs. Fulford was enrolled in the public health course at the University of British Columbia when this article was written.

is the chief motive for drinking. Anticipation of punishments for the personally or socially unacceptable consequences of drinking is the chief counteracting response[3]. The person who lacks techniques necessary for adult adjustment and who does not experience a feeling of security in his relationships with others will find the narcotic effects of alcohol desirable for relief of his anxieties. In it he has found a method of adjustment in a painful world.

Workers in health education should be aware of social factors that may give rise to such a personality. Normally, dependence of childhood should develop into interdependent relationships in adulthood. There may be a denial of comfort in childhood or an experience that results in a distrust or fear of other people, which prevents normal adjustment as an adult. A grown person may move to a large city from a rural area or may make a change in occupation and not develop new relationships to provide a sense of security and belonging. If he has no interdependence with others he must deal with life's blows alone. This makes him tense, frightened and unhappy, resulting in a very uncomfortable emotional state.

There are two types of alcoholics with whom we may come in contact. The bout drinker goes on week-end "benders" that may eventually extend into a week. He usually has to seek help about 10 years from the onset of drinking. The chronic drinker is harder to diagnose. He acquires the disease more slowly. His body builds up a tolerance to alcohol and he has to consume increasingly larger quantities to get the desired effect. He is usually a daily drinker and may be thought of by his family as a "heavy drinker." He may not seek help until he is 50 or 60 years old and by then there is danger of mental deterioration. Whichever type of addiction is present in an alcoholic, it is found that "he is usually an ordinary person, working and living in a family group, grappling with the day-to-day exigencies of life which for him centre around a problem with alcohol[4]."

Studies done about alcoholism usually divide the disease into stages or phases:

1. Drinking is carried on in a social way. Alcohol is consumed as a beverage like tea or coffee.

2. Drinking comes to mean more than the people with whom one is drinking. The drinker becomes dependent on the anesthetic effects. The emotional state is different than that of a nondrinker and the nondrinker will have difficulty in understanding the drinker. This is a warning that alcohol addiction can become a problem.

3. There is an increase in tolerance to alcohol and the drinker consistently drinks more than he intended. Blackouts may occur. These are two more warnings in the course of addiction. The nurse in public health or industry can help practice prevention in her contact with drinkers in these first three stages.

4. The next step includes the week-end "bender" with a real craving for alcohol. Domestic relations may be poor, but in spite of the threat of a broken home or divorce, it is hard to persuade a drinker to stop. He is more alarmed at the thought of being forced to live without alcohol. He has not really suffered too much yet and his life has been made tolerable by it.

5. He may start excusing himself for drinking, by alibis and lies. The morning drink becomes necessary to keep up the metabolic state which is now "normal" for him. Poor eating habits at this point may result in poor nutrition. Sometimes an alcoholic at this stage can be persuaded to get help from a private physician, clinic or institution. It is a tremendous effort for him to learn to live without alcohol and he needs motivation for doing so.

6. If help has not been secured, he develops a fear of what is happening due to the continued drinking. He may seek help himself. Alcoholics Anonymous or a psychiatrist would likely be able to aid him at this stage. The nurse doing private nursing or working in a hospital is more likely to encounter the alcoholic as a patient in these last three stages. She must accept his condition as one requiring professional treatment, regardless of its origin. She should be able to respond to agressive or infantile conduct with appropriate mature behavior.

7. This is the "late phase" that is reached if no assistance has been effectual. Delirium tremens or alcoholic convulsions may occur. The alcoholic now needs hospitalization with continued care.

Emergency treatment may be needed

by a person in the final stage of alcohol addiction. If hospital facilities are not available he may be committed to a mental institution for temporary treatment. This should be interpreted to the family as the beginning of his rehabilitation. Now he will be sobered up and may really see that he needs help. The alcoholic who finds himself waking up in jail some morning may also become more aware of his need for assistance. It is most essential that he receive help for his addiction — not just be sobered up and put out on the street again.

A nurse in contact with an alcoholic who is willing to have help may have the responsibility of directing him to suitable facilities. Alcoholics Anonymous has had the greatest success to date in their rehabilitation program. The alcoholic has to shift his dependence from alcohol to an alternative object. He must develop a new faith and purpose in life. This is the help that Alcoholics Anonymous gives and it will meet the lifetime needs of the patient. There may be a clinic at the local hospital that will treat alcoholics. Sometimes the Salvation Army or mission groups supply the crutch necessary to overcome the disease. The responsibility does not end in seeing that he gets to some organization for help. He should be given follow-up care and support to help him through his ordeal.

A nurse may find that she has to stimulate interest in a community in order to start a rehabilitation program. The local doctors would be a good starting point. Ministers of different faiths can be asked to help in meeting the problem. Education may be done among police officers and hospital attendants who come in contact with alcoholics in the acute stage of intoxication. The industrial nurse is an important person in interpreting facts to supervisors and workers. She should include information and literature on alcoholism in her educational program and be ready to talk about it as a public health problem.

It has been proven that it is more economical to rehabilitate a worker who has become incapacitated due to alcohol, that to train new workers. This is especially true if the worker has been employed for a 10-year period and the firm has a large investment in his training. Some firms now have their own rehabilitation clinics. There may be other resources in the community also that the nurse can find, and help can always be obtained from the nearest branch of the Alcoholics Anonymous.

The family of an alcoholic will also need guidance. Financial problems may have to be met by welfare agencies. Feelings about the alcoholic member are often confused. The family has tried pleading, force, threats and other means to have him give up his addiction and just do not understand it. Children of an alcoholic parent may be disturbed by their feelings of disgust or hate. If these attitudes can be changed through therapy to one of acceptance and understanding, it will be reflected in the change in the alcoholic's attitude toward treatment.

It has been said that "whenever a disease is so widespread in the population, so serious in its effects, so costly in its treatment that the individual unaided cannot deal with it himself, it becomes a public health problem[8]." Alcoholism is a problem of the community. Through public education we can enlist more people in the campaign against alcoholism; heighten public interest; advance research and make more funds available for such work. This then is the responsibility of any member of the medical team dealing with public health problems.

BIBLIOGRAPHY

1. Golder, Grace M. *Nursing Outlook*, vol. 3, October 1955, p. 528.
2. McKay, W. W. *Canada's Health and Welfare*, vol. II, September 1956, p. 4.
3. Horton, Donald, *Personality in Nature, Society and Culture*, ed. C. Kluckhohn et al, Alfred A. Knopf, New York, 1955.
4. Zappala, Anthony, M.D. and Ketcham, Frank S. *Public Health Reports*, vol. 69, December 1954, p. 1187.
5. Florida State Board of Health. *Florida Health Notes*, vol. 45, April 1953, p. 79.
6. Bell, R.G. *C.M.A.J.*, vol. 68, January 1953, p. 33.
7. Idem. *Occupational Health Review*, vol. 4, March 1953, p. 7.
8. Idem. *CN.*, vol. 50, October 1954, p. 800.
9. Block, Marvin, *CN.*, vol. 50, January 1954, p. 56.
10. DeWolf, Grace. *Nursing World*, vol. 126, April 1952, p. 178.

Cerebral Hemorrhage

Faye Bonvie

Medical History

Mr. Thomas, a 57-year-old man, was admitted to the hospital with a diagnosis of cerebral hemorrhage. He was bending over starting to put chains on his truck when his left side became paralyzed. Later when the doctor visited him at his home, he was able to move the affected leg slightly. Physical examination indicated involvement of the left arm, left leg, and face. There was a positive left Babinski indicating some disturbances within the pyramidal tract. His blood pressure was 190/110.

On admission to the hospital Mr. Thomas' temperature was low, his pulse weak, respirations irregular and sighing in nature. His feet were cold to touch. He responded when spoken to but had difficulty with his speech. He complained of a pain along the right side of his head. There appeared to be some muscular twitching in his face even when sleeping. The patient had difficulty in swallowing and was voiding involuntarily.

Mr. Thomas is a farmer. A very good-natured man, he has many friends but all his interests lie in his home life and his work. He is a prominent church member and of good standing in the community. He is married but has no children. There was no record of any other illness and this was his first admission to a hospital. He was a very cooperative, well-mannered patient with a good disposition.

Treatment and Nursing Care

A routine Kahn test proved negative. The urinalysis was essentially normal except for a few mucous threads. Two x-rays — chest and left shoulder — were both negative. Admission orders included Stolic tablets, t.i.d. and h.s., to reduce hypertension. Phenobarbital gr. ½ was ordered t.i.d. as a sedative. Nembutal gr. ii (by suppository) was given also to induce sleep, but only p.r.n. CO_2 5% with oxygen was given for five minutes every hour to relieve congestion in the lungs and to help relieve dyspnea. On admission Mr. Thomas was catheterized by the interne to check for retention.

The doctor also ordered 500 cc. of 5% glucose in saline with 5% Ringer's solution. This helped to prevent dehydration, to provide nourishment and to maintain electrolyte balance.

Mr. Thomas received enemas for about 10 days to help prevent constipation but from then on he did not require enemas or catheterization. Shortly after admission he developed a painful, discharging, inflamed eye. For this the doctor ordered Myciguent Ophthalmic ointment to the eye q.4 h. This is used to combat any infection that may be present or arise. Sponging the eyes with boracic solution helped to cleanse them. The patient showed so much improvement three days after admission that oxygen inhalation was only used as necessary.

Two days later he seemed to take a "turn for the worse." His temperature rose rapidly and his condition appeared poor. Fortimycin three cc. was ordered daily to combat any infection and to try to lower Mr. Thomas' temperature. The patient was moved to a quiet room and the services of special nurses were employed. After three days the Fortimycin was discontinued and although his fever subsided the patient seemed little improved. Atropine gr. 1/100 and morphine gr. ¼ was ordered to quiet Mr. Thomas, who had become very confused and irrational. The drug nauseated him so the order was changed to Pantapon gr. 1/3 p.r.n. for the same purpose. Ilotycin (liquid) one tablespoon q.6 h. was ordered to treat the bronchopneumonia that had developed. As an expectorant a saturated solution of potassium iodide was ordered. This helped Mr. Thomas to cough up the mucus

Miss Bonvie is a student at Aberdeen Hospital, New Glasgow, N.S.

resulting from the congestion in his lungs. Procaine Penicillin 600,000 units was also ordered b.i.d. to clear up the bronchopneumonia. Dextrose in saline 1000 cc. was ordered twice a day with vitamin B to prevent dehydration because Mr. Thomas still had difficulty in swallowing his food. After a short time he began to show slow improvement. His special nurses were discontinued and very soon he was moved back to the ward.

Gradually Mr. Thomas began to have feeling in his left side and his speech began to be a little clearer. He made great efforts to feed himself. Although it was very discouraging at first, he soon began to improve and then one day even succeeded in cutting his own food. He began to move around more and then to sit on the edge of the bed. Four weeks after admission he was told he could sit in a chair. This was a big day, and although he was only allowed up for a few minutes, he really felt he had accomplished a great deal. Each day he sat up a little longer, then he began to take a few steps. He progressed amazingly well and soon he was walking with assistance.

Suddenly the calves of his legs became tender and his temperature went up to 99° F. An area of mild hyperemia developed over the medial side of the right lower leg. The doctor visited him and ordered Fortimycin 3 cc. daily to combat the infection that he believed was present. The condition was finally diagnosed as phlebitis. Mr. Thomas' temperature became elevated to 103° F. Ilotycin 200 mgm. was ordered q.6 h. Two days later his temperature returned to normal and the soreness in his legs lessened. From then on Mr. Thomas improved rapidly and a week later he was discharged from the hospital. He still had not completely overcome the awkwardness in his movements. He still slurred his speech a little and walked with a slight drag in his left leg, but otherwise he was in a generally good condition.

Upon discharge, Mr. Thomas was instructed to rest and not work for several weeks. He was given advice as to diet and exercise. He was warned that he should avoid extreme worry or excitement. His wife and brothers were similarly warned regarding the necessity for this. Today, Mr. Thomas is capable of a good day's work, has generally good health and is enjoying almost complete return to his former life. His speech is clear and when watching him walk about or talk, it is hard to realize that this is the man who was so sick only a few months ago.

Etiology

Cerebral hemorrhage or apoplexy is frequently a complication of arteriosclerosis. Arteriosclerosis is a condition of the arteries in which the normal elastic tissue in the walls of the vessels is partially replaced by fibrous tissue. The walls become thickened, tough and tense. As the condition progresses the lumina of the arteries become occluded or narrower. The cause of this fibrotic change is not definitely known. It tends to affect certain organs or areas more than others. The result is a diminished blood supply and lack of adequate nutrition in the organs affected with subsequent impairment of function. When the arteries of the brain are involved and one of them ruptures with hemorrhage into the brain tissues, then the condition is known as cerebral hemorrhage or apoplexy.

The most typical cause of apoplexy or a "stroke" showing paralysis of one half of the body (hemiplegia) is usually hemorrhage from a branch of the middle meningeal artery supplying the internal capsule. A thrombus or embolism in the artery could cause similar results. Almost immediately one half of the body will show paralysis. Then, gradually, the patient may recover the use of certain muscles — usually those of the legs or arms. This is explained by the fact that injury to the nerve fibres around the area is only temporary, having been caused by the pressure of the escaped blood or by edema. As pressure diminishes, nerve function is restored except to those fibres with permanent damage.

It should be noted that hemorrhage into the right side of the brain produces left-sided paralysis and vice versa. In a right-handed person, the speech centre on the left side of the brain is developed. Thus, despite paralysis of

the left side, speech is reasonably clear. In paralysis of the right side, the patient would be unable to talk.

Treatment

The treatment consists of putting the patient to bed with the head slightly elevated. He should be kept very quiet. No stimulants are given. Potassium iodide may be given to encourage absorption of the exudate.

As soon as the acute stage is over, passive exercise and massage should be used to help restore or prevent wasting of the muscles of the paralyzed parts. The diet must be carefully selected, keeping the patient's difficulties in chewing or swallowing in mind. Proper elimination must be maintained. An effort should be made to prevent the minor irritations that tend to produce a fit of temper — sometimes with drastic results.

Patience is very important in caring for these people. They must receive a great deal of attention. The skin must be observed for pressure areas especially on the paralyzed side. The patient must be turned and his position changed regularly and frequently. Alcohol rubs will help to prevent the appearance of pressure sores, as will smoothly placed linen on the bed and the absence of crumbs or other irritating substances. Crib sides on the bed prevent the patient from falling out. When he is incontinent, he should be changed quickly. A retaining catheter may be used to ensure a dry bed.

Treat the patient very tactfully, especially when feeding him and doing little things for him that make him feel so conscious of his paralysis. Keep him in good humor and try to relieve any worries that he may have. Make your patient feel that you enjoy doing things for him. When helping him feed himself or move about, do not scold if he spills his food or is awkward. Encourage him to try again and praise him for the slightest accomplishment. Procedures that he may not understand should be explained to him.

Rehabilitation must start early and corrective measures must be carried out conscientiously. The amount of recovery will vary with each patient. Each one needs constant encouragement to reach his maximum in return to normal function.

In The Good Old Days

(The Canadian Nurse — September, 1917*)*

The nursing profession faces *now* one supreme duty, i.e. to so interpret itself to the public'. . . that greatly increased numbers of educated young women will enter its schools.

* * *

The untutored mind imagines that a wounded man must, of necessity, be fallen upon and have his wounds dressed and prodded at sight. Experience teaches that ninety-nine wounded men (who have already received first aid) need their stomachs filled and a bed to rest on *before all else.*

A course of study in food should be of use to the nurse in her present and future work, and should be taken very early after the term of probation to make it thoroughly valuable to her. Not only is it of advantage to her but economically to the hospital.

* * *

A great difficulty now presenting itself is the number of children under six years of age who require institutional care. This is impossible, as there is not an institution in Ontario where a feeble-minded child under six years of age can be placed.

One of the healthiest abilities to be cultivated in leisure is the art of quietly and peacefully doing nothing. Very few people achieve this skill and in today's society it is something that has to be carefully cultivated for a considerable period of time. Perhaps the next time you start to fret about what to do in a bit of leisure, you might try quiet contemplation of the world as it passes by.

— Dr. M. G. Martin in
Saskatchewan Health Newsletter

* * *

Diplomacy is the art of letting someone have your way.

—Daniele Vare.

Caesarean Section

A. Tymstra, S. Brown *and* A. Briers

In a recent survey done by an obstetrician in the city of Sarnia, it was found that out of a total of 10,876 deliveries carried out over a period of seven years, 397 were accomplished by Caesarean section. This was an incidence of 3.65%.

Each Caesarean section was done for one of the following reasons:

1. Repeat section
2. Disproportion and dystocia
3. Placenta previa
4. Accidental hemorrhage
5. Breech presentation in primipara
6. Toxemia and eclampsia
7. Fetal indications
8. Diabetes
9. Elderly primipara
10. Cardiovascular disease
11. Previous vaginal surgery or abnormality
12. Inertia
13. Ruptured uterus
14. Psychosis
15. Hydrocephalus
16. Fibroids
17. Recurrent intra-uterine deaths
18. Hyperthyroidism
19. Rh incompatibility

In addition each of the following conditions necessitated a Caesarean section:

20. Recurrent postpartum hemorrhage, hydronephrosis, varicose veins, subarachnoid hemorrhage, congenital cystic kidney and abdominal pain.

Disproportion and dystocia accounted for over 60% of the Caesarean sections encountered in this study.

The types of sections are as follows:

1. *Low Transverse Cervical:* During the operation the opening into the abdomen is just above the pubis. The bladder is pushed down from the lower uterine segment, the child delivered, then the bladder sewed back in place. This method seems to prevent the hazard of the scar rupturing in subsequent pregnancies.

2. *Extraperitoneal:* Operation is performed where infection is present or feared.

3. *Hysterectomy:* The uterus is removed in cases of infection or rupture where the anterior wall is so attenuated as to preclude repair.

4. *Classical:* A midline incision is made passing through fat, fascia and peritoneum to expose the pregnant uterus. The uterus is opened longitudinally, the child is extracted, the placenta removed and the uterus closed.

Many patients are allowed to deliver spontaneously in subsequent pregnancies if the indications for section are not present and if the previous postoperative course was uncomplicated.

The Patient

Mrs. Kane was a 23-year old woman with a history of severe toxemia during her first pregnancy two years ago. She had potential cardiorenal damage for which she was hospitalized and treated at that time. Her first pregnancy was terminated by medical induction and she delivered a living child without untoward incidence. During her second pregnancy her blood pressure rose to 165/90 and was unstable. She complained of dizziness and headaches. Weight gain was controlled to 20 pounds until two weeks prior to her present hospitalization when a gain of eight pounds was noted with swelling of ankles and feet. Due to her previous history, she was admitted. Her physical examination revealed a blood pressure reading of 146/80. Urinalysis indicated a specific gravity of 1.017 and cloudiness of the urine. Albumin content was negative.

Preoperative Nursing Care

The patient who is to have an elective Caesarean operation is usually admitted to the hospital 36 hours or more prior to the date of surgery. This period of observation provides an opportunity to rule out the presence of infection — a most serious hazard in

---

Miss Tymstra was on the staff of Sarnia General Hospital and Miss Brown and Miss Briers were student nurses when this study was done.

YOUR HANDS *need* NIVEA

— *to keep them soft and smooth*

Frequent washing and contact with strong antiseptic solutions can dry out your skin, — rob it of its natural oils, so essential to skin health. Nivea Creme contains a substance called Eucerite that replaces the skin's natural oils — helps keep your hands smooth, soft, supple and protected from the drying effects of frequent washing. Nivea is an ideal "all-purpose" cream to soothe, protect and condition the skin against chafing and irritation. Keep your skin, and that of your patients in good condition with Nivea.

Available in 1 oz. *and* 2 oz. *tubes and* 4 oz. *and* 15 oz. *Jars*

Manufactured by NIVEA PHARMACEUTICALS LTD., TORONTO
Distributed by SMITH & NEPHEW LTD., 5640 PARÉ STREET, MONTREAL 9, QUE.

abdominal surgery or delivery. Children in the home harbor virulent organisms in their ears, nose and throat and may serve as potential carriers. The removal of the mother to the hospital is a wise precaution. This interval prior to operation also provides physical and mental rest for the patient so that she is in the best condition for a major surgical procedure. X-rays are usually taken before operation to rule out any abnormalities, e.g. monstrosity.

Preoperative preparation for a patient who is to have a Caesarean section is the same as for any abdominal surgery. The patient must have extensive skin preparation — from the nipple line down to and including the pubic area. Sedatives are usually ordered by the doctor to ensure a good night's sleep for the patient. The cleansing enema is given an hour before surgery. If given the night before, the patient may go into labor. The patient is catheterized in the morning and the catheter left in place.

This was the plan of care followed for Mrs. Kane. Just before going to the operating room she was given atropine gr. 1/150. This helps to lessen mucous membrane secretion and prevents aspiration of fluid into the lungs.

Postoperative Care

Nurses must watch for signs of internal hemorrhage: increasing pulse rate, decreasing fullness of pulse, pallor, rapid respiration, yawning, sighing and similar symptoms. The possibility of shock must be considered. The patient should be watched for persistent vomiting and postpartum hemorrhage. Should vomiting, shock or internal hemorrhage occur the physician should be notified immediately.

The postoperative care for Mrs. Kane included 1 cc. demerol given for pain in the operating room at the completion of the operation and 500 cc. of whole blood. On return to the ward morphia gr. 1/6 q. 4 h. was given for pain and the patient was kept reasonably comfortable. She was encouraged to take deep breaths, move about and cough, thus preventing postoperative respiratory complications, such as pneumonia. She was given sips of water immediately after the operation. Her diet gradually increased from soft to regular as tolerated.

Medications ordered were:

Dicrysticin to combat infection,
Estinyl 5 mgm. daily to control lactation,
and Prostigmine 1 amp. I.M. q.4 h. to stimulate peristalsis.

The patient voided nine hours after delivery. Routine perineal care was given. After a fairly restful night she was up walking about the room. She fed the baby on the second postpartum day. On the third day Mrs. Kane had a few gas pains. A rectal tube was inserted and an enema was given with excellent results.

Mrs. Kane had an uneventful recovery. Retention sutures were removed on the seventh day postpartum and skin sutures on the eighth day. With the removal of the skin sutures the incision gaped and the proximal edges of the wound were drawn together with strips of adhesive previously flamed. A clean dressing was applied and the patient was discharged.

Among the questions a patient is asked following discharge from hospital, one frequently posed is: "How was the food?" Despite the fact that hospital food is much better in every respect than formerly, we are still plagued by a reputation from the past. We must take every means at our disposal to banish the concept that hospital food is usually a disappointment to the consumer.

To say that food is important is probably the understatement of the week. Obviously food is life-giving and essential to all of us; it is also therapeutic or palliative in the care of patients in hospital; by no means least, food can and does give distinct social and emotional pleasure — or displeasure. To the patient in hospital, with considerable time on his hands, agreeable or disagreeable anticipation of the next meal occupies a large segment of his thoughts. This time factor perhaps helps to make food the most important single public relations medium for your hospital.

It should be remembered that a well-fed patient is usually grateful. This has ramifications all through the various aspects of our hospital service.

— A. L. Swanson, *The Canadian Hospital*, February, 1957

seasoned

for

accuracy

and

dependability

B-D THERMOMETERS

Since glass, like wood, changes with age, thermometers need to be "seasoned" before release. *Every* B-D Thermometer is kept for four to six months in seasoning vaults before final rechecking. This eliminates the possibility of inaccurate calibration, and assures accuracy and dependability.

Each B-D Thermometer undergoes 70 operations, including 36 inspections and tests, before final certification.

B-D

B-D REG. CAN. T.M. OFF.

BECTON, DICKINSON AND COMPANY, RUTHERFORD, N. J.

In Canada

BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONT.

RESEARCH

Job Satisfaction

HAZEL E. FLETCHER

INTRODUCTION

AT THE 1955 MEETING of the Ontario Public Health Association, Public Health Nursing Section, the following problem was discussed. "Vacancies and frequent changes of staff are common in public health nursing services. Could a study be undertaken of the factors that make for job satisfaction in public health nursing?" This resulted in the formation of a special committee to give consideration to this problem with representation from official health agencies, university schools of nursing, visiting nursing associations, and occupational health services.

The committee recognized that job satisfaction concerns all nurses and that a comprehensive study would be financially impossible to undertake. However, the committee thought that nurses either as groups or as individuals could assist a great deal by outlining the factors that they believe contribute to their sense of satisfaction. A study outline was drawn up as follows:

Factors that Contribute to Job Satisfaction

1. In your present job, list as many factors as you can that contribute to:
   (a) your sense of satisfaction
   (b) any dissatisfaction you may feel

   In your discussion include a consideration of:
   (a) your service in the agency
   (b) working conditions
   (c) relationships
   (d) educational activities
   (e) your life in the community

   and any other aspects you feel are important.

2. Using the list of sources of satisfaction and dissatisfaction (from Question 1), discuss those factors which you feel are basic to a sense of job satisfaction.

3. Are these factors basic to job satisfaction in other kinds of work situations such as jobs in industry, teaching, etc.?

4. What can be done to overcome the factors that contribute to job dissatisfaction
   (a) in your own job?
   (b) in job situations in general?

5. What do you understand by this term "job satisfaction"?

Eighty-eight study outlines were mailed to health organizations and there were 40 respondents. Of the 40 replies it is not known what number represented groups and what number represented individuals. No definite conclusions can be drawn from this study but there are important implications for all public health personnel. Respondents' comments in the following summary are in quotation marks.

The committee members studying the free responses encountered little disagreement in placing the material under the five general headings mentioned in the study outline. Answers under each of these headings were classified as shown in the following report. The frequency of occurrence of answers under each factor was then determined. The factors are reported in descending order of frequency.

1. A) FACTORS THAT CONTRIBUTE TO SATISFACTION:

(a) *Service in the agency:*

1. Opportunity of working with people,

Miss Fletcher, who works in Toronto, is secretary of the Nursing Section, Ontario Public Health Association.

When a headache
threatens your
efficiency on-duty...
or mars your enjoyment
off-duty...

you'll get relief
in half the time
with

"217"
TABLETS

217 TABLETS

THE WONDER COMBINATION OF
3
MEDICALLY PROVEN INGREDIENTS

"Acetophen" (Brand of acetylsalicylic acid)	3½ gr.
Phenacetin	2½ gr.
Caffeine Citrate	½ gr.

Available in Handy Tubes of 12, and economy sizes of 40 and 100

Charles E. Frosst & Co. MONTREAL, CANADA

individuals and groups of all ages, for better health; and the variety of programs in public health nursing.

2. Feeling of achievement after continued effort.

3. Good administration resulting in coordination of work — "freedom and responsibility to plan own work," "recognition as a person, and for individual contribution," "well defined work area, reasonable population."

4. Nurse's positive attitude and philosophy toward work — "the more interest and work one puts in each day, the greater the satisfaction."

5. Adequate preparation for the job and opportunity for advancement.

(b) *Working conditions:*

1. Good personnel policies — "regular hours," "5-day week," "satisfactory salaries," "transportation," "adequate vacation," "sick leave," "pension," "recognition of past experience."

2. Satisfactory office accommodation, adequate facilities and equipment — "good working conditions and adequate equipment," "adequately furnished offices in schools, clinics, etc."

3. Adequate communication within organization — "adequate communication between head office and sub-office to keep nurses informed and able to participate in activities of health unit."

4. Adequate clerical assistance.

(c) *Relationships:*

1. Good relationships with entire public health staff, resulting in good team work.

2. Democratic supervision — "constructive criticism," "counselling," "cooperative evaluation of staff performance helps nurse to identify strengths and weaknesses," "fairness to individual nurses," "planning program and policies as a group."

3. Good relationships with allied professions and agencies, (hospitals, physicians, dentists, etc.).

4. Acceptance of public health services by the community.

(d) *Educational activities:*

1. Regular staff conferences.

2. Educational facilities and opportunities — "lectures," "refresher courses," "meeting allied agencies."

3. Encouragement to attend community activities related to the program.

4. Availability of bursaries.

(e) *Life in the Community:*

1. Social, cultural, spiritual, professional and recreational activities are available and satisfying.

2. Acceptance by the community as a public health nurse.

3. Good living arrangements.

1. B) Factors that Contribute to Dissatisfaction:

(a) *Service in the agency:*

1. Insufficient public health staff with the resultant pressure of work — "too extensive program," "not enough time for orientation," "lack of follow-up visits to families," "seemingly never-ending case load, feel so spread around, promotes frustration."

2. No sense of achievement — "lack of definition of program and organization," "lack of bedside nursing in the official health agency," "lack of appreciation and praise," "lack of recognition of special aptitudes and academic qualifications," "inadequate preparation for public health work."

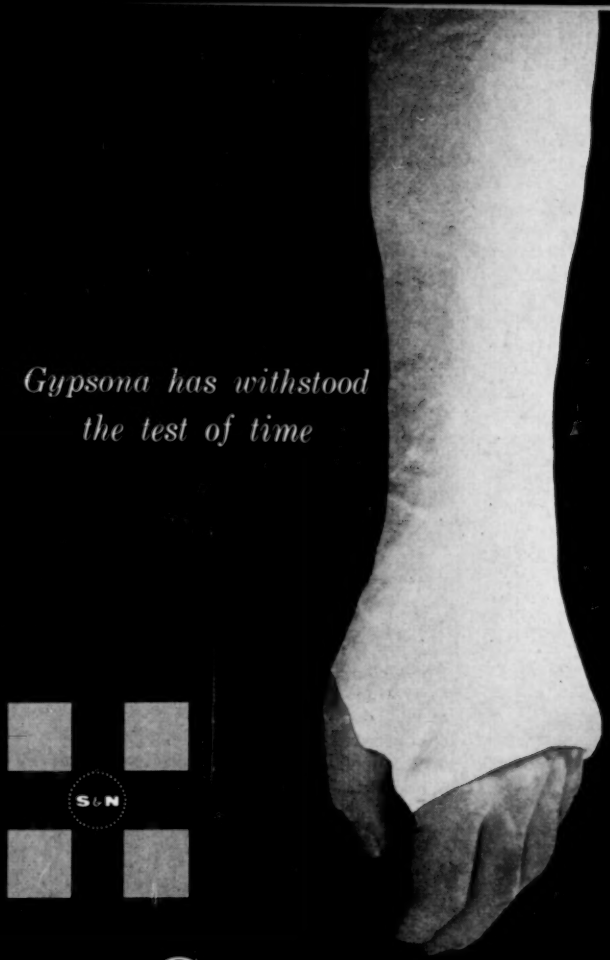
3. Lack of community auxiliary services, (mental, speech, social agencies, etc. and inadequate referral systems between agencies.

4. Inadequate supervision — "erratic," "staff suggestions not carried out," "lack of counselling."

5. Lack of preparation to deal with social problems which cannot be separated from health problems — "inability to divorce welfare problems which I am unable to cope with from health and health teaching needs," "I think that many of the problems which a nurse must face are beyond her knowledge and training and need personal case work by a trained social worker. Since there is no one to refer these to, the nurse has to leave the situation and do nothing, which is unsatisfactory, or try to deal with it and probably do more harm than good."

6. Value of school medical examinations questioned — "too much time is spent in school. Moreover it is embarrassing when parents come a long distance to be present for the examination and the doctor barely looks at the child," "spending time on medical routine for children already under medical care."

Gypsona has withstood the test of time



S&N

Gypsona
TRADE MARK

hallmark of quality
in plaster of Paris bandages and splints

SMITH & NEPHEW, LIMITED
5640 Paré Street, Montreal 9, Que.

(b) *Working conditions:*

1. Salaries inadequate — "too small a range between minimum and maximum," "unfavorable comparison with teachers," "no schedule," "below R.N.A.O. recommendations," "low compared with jobs with less training."
2. Transportation difficulties — allowance inadequate.
3. Inadequate office accommodation.
4. Lack of pension plans and lack of a plan that is transferable.
5. Inadequate administration — "over-centralization," "frequent changing of districts."
6. Paying unemployment insurance.

(c) *Relationships:*

1. Lack of community knowledge of public health services.
2. Lack of knowledge of and correlation between agencies in the community — "something needs to be done to link all agencies closer together in team service."
3. Feeling of inadequacy when supervised — "strain of third party on home visits," "at times feel minute detail made too much of instead of concrete assistance in handling basic or large problems; nurse needs to feel assured that she is respected as an adult."

(d) *Educational activities:*

1. Inadequate number of staff conferences — "no planned program of education concerning medical trends," "lack of stress on community needs," "lack of review of agency policies," "lack of study and understanding of mental health."
2. Insufficient opportunity to attend refresher courses, related projects and lectures for educational advancement.

(e) *Life in the community:*

1. Insufficient privacy when living in some districts.
2. Lack of social, educational, recreational and cultural functions.
3. Isolated community — "distance from large city requires time and money."
4. Lack of apartments.

2. Factors Basic to Job Satisfaction:

(a) *Service in the agency:*

1. Well defined program — "variety," "reasonable population," "adequate staff," "a balanced distribution of good and poor areas."
2. Adequate educational preparation and orientation.
3. Adequate community resources.

Personal satisfactions of the nurse:

1. Freedom and responsibility to plan own work — "recognition of work done," "praise," "right to be treated as an individual," "to think for one's self," "to plan cooperatively."
2. Feeling of accomplishment — "enthusiasm and pride in work," "feel job has a definite purpose," "self-evaluation," "understanding of limitations."
3. Working with people for improvement of their health.
4. Supervision.

(b) *Working conditions:*

1. Good personnel policies outlined — "R.N.A.O. policies followed," "general policies reviewed periodically," "recognition of past experience," "adequate vacation," "fair sick leave," "satisfactory working hours," "adequate salaries," "uniform wage scale," "must see security ahead," "adequate measure of security," "pension plan transferable."
2. Good working conditions supported by administration — "good safety measures regarding car," "hospital and medical insurance," "legal protection," "working in one district reasonable length of time," "adequate transportation."
3. Opportunity for promotion.

(c) *Relationships:*

1. Good relationships within the agency — "feeling of belonging," "feeling of security," "good morale," "acceptance in the community," "recognition."
2. Good relationships with other agencies and a knowledge of all resources within the community, (doctors, hospitals, etc.).
3. Public education regarding public health services.

(d) *Educational activities:*

1. Educational facilities and opportunities for advancement — "refresher courses."

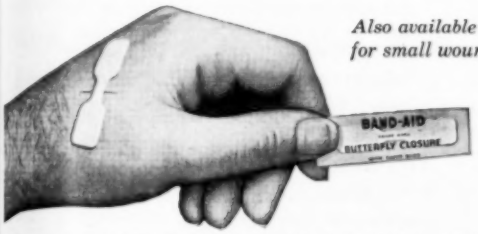
(e) *Life in the community:*

1. Recreational facilities.
2. Adequate living quarters.

new
large size
BAND-AID
TRADE MARK
BUTTERFLY CLOSURE

A surface closure for large wounds or for use on skin areas strained by continuous flexing.

- Non-adhering film on center section prevents sticking to wound.
- Super-Stick adhesive firmly holds wound edges together.
- Sterilized — Waterproof.



Also available in medium size for small wounds.

ANOTHER QUALITY PRODUCT FROM OUR RESEARCH LABORATORIES

AVAILABLE THROUGH YOUR DEALER

Johnson & Johnson
LIMITED MONTREAL

4. A) What can be done to Overcome the Factors that Contribute to Job Dissatisfaction in your own Job?

(a) *Service in the agency:*

1. Adequate public health staff — "more nurses with advanced courses in supervision and administration," "nursing assistants."

2. Improved nursing education — "vocational guidance in high schools," "screening of applicants to schools of nursing," "better orientation," "training to meet social problems."

3. Program geared to size of staff and geographical area — "reduce time in school," "appointment system at clinics," "latitude in school medical examination program," "referral system."

4. Positive attitude towards work — "frustrations can be overcome to the best of your ability in spite of lack of facilities," "satisfaction and patience in our own good work and not be frustrated."

(b) *Working conditions:*

1. Good personnel policies. (Reference made frequently to those sponsored by R.N.A.O.) — "improved salaries," "better salaries according to one's qualifications," "increased car allowance," "better means of transportation," "pension plan."

2. Improved office accommodation.

3. "There is need for a staff nurse to carry a district for at least one year to gain real satisfaction. It requires a period of time to see results of one's teaching."

4. Better inter-communication.

5. Non-nursing activities given to clerk.

6. Change in unemployment insurance plan.

(c) *Relationships:*

1. There is a need for better understanding by the public and by boards of health concerning public health services.

2. Greater interest in the and stronger support from the R.N.A.O. and O.P.H.A.

3. Improved relationships within our organization.

4. Closer working relationships with hospital and allied agencies for the promotion of mutual education.

5. Democratic supervision — "better evaluation of work performance, counselling," "freedom to voice dissatisfaction," "group discussion," "commendation for work well done."

(d) *Educational activities:*

1. Better orientation of new staff.

2. More time for staff education.

3. Refresher courses.

4. Review of public health policies and discussion of new policies — "review of public health nursing functions," "new policies to be discussed with personnel when all present so everyone knows."

(e) *Life in the community:*

1. Achievement of prestige in the community.

2. "Improved living conditions."

4. B) What can be done to Overcome the Factors that Contribute to Job Dissatisfaction in Job Situations in general?

Some replies indicated that the same conditions pertained as in 4A, others indicated that only nursing situations were considered.

(a) *Service in the agency:*

1. Adequate staff.

2. Better preparation for the job.

3. Self-appraisal.

4. Better placement tests.

5. Carrying out democratic principles.

6. Healthy attitude towards work.

(b) *Working conditions:*

1. Good personnel policies — "superannuation and pension plans similar to teachers' federation," "all nurses in agencies working for improved personnel policies," "R.N.A.O. leadership," "salaries according to qualifications," "salary schedule," "car allowance," "uniform allowance."

(c) *Relationships:*

1. Better interpretation of service to public and other agencies.

2. Better working relationships between agencies.

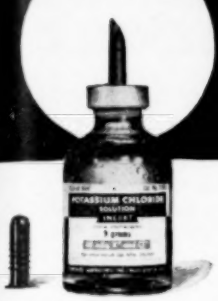
3. Open discussion of problems with employees and freedom to make suggestions.

4. Respect for self and others.

(d) *Educational activities:*

1. More financial assistance.

INCERT®



new... unique one-step additive vial saves time, labor and money in your hospital

NO AMPULES... NO NEEDLES ...NO SYRINGES

Simply remove tamperproof cover of INCERT and push sterile plug-in through large hole in stopper of solution bottle. It's that easy... and a completely closed, sterile system.

EXCLUSIVE HOSPITAL-USE FEATURES

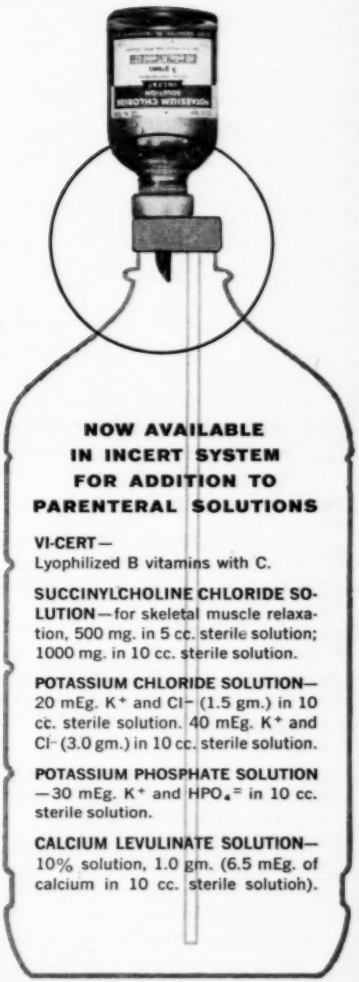
CONSERVES TIME — Instantaneous automatic supplementation of bulk parenteral solutions.

COMPLETELY STERILE—Closed system, from preparation to administration.

ECONOMICAL—Cuts labor and expense by eliminating ampules, needles and syringes.

SIMPLE TO USE—A foolproof system that eases the hospital care load.

***INCERT SYSTEM** is an original development of Travenol Laboratories, Inc. Complete literature and samples on request.*



NOW AVAILABLE IN INCERT SYSTEM FOR ADDITION TO PARENTERAL SOLUTIONS

VI-CERT—
Lyophilized B vitamins with C.

SUCCINYLCHOLINE CHLORIDE SOLUTION—for skeletal muscle relaxation, 500 mg. in 5 cc. sterile solution; 1000 mg. in 10 cc. sterile solution.

POTASSIUM CHLORIDE SOLUTION—20 mEg. K^+ and Cl^- (1.5 gm.) in 10 cc. sterile solution. 40 mEg. K^+ and Cl^- (3.0 gm.) in 10 cc. sterile solution.

POTASSIUM PHOSPHATE SOLUTION—30 mEg. K^+ and $HPO_4^=$ in 10 cc. sterile solution.

CALCIUM LEVULINATE SOLUTION—10% solution, 1.0 gm. (6.5 mEg. of calcium in 10 cc. sterile solution).

TRAVENOL LABORATORIES, INC. MORTON GROVE, ILLINOIS

Pharmaceutical Products Division of **BAXTER LABORATORIES, INC.**

2. Staff education so that the employee may see her job in relation to the whole — "this gives her a sense of belonging and importance that is so necessary to all."

3. Better educational standards in schools of nursing to ensure the right type of student.

(e) *Life in the community:*

1. Time for hobbies and recreation.

The following definitions of "job satisfaction" were selected as the best:

1. The experience of enjoyment, happiness and satisfaction derived from the conviction of the value of your work or job, plus desirable economic compensation for your efforts.

2. Realization that you feel fairly content and happy in the daily program and can see beneficial results due to your demonstration and teaching, without getting discouraged because complete perfection is not realized. When true evaluation is taken of the total program, you can see satisfactory results and are happy in working toward more improvement.

3. Job satisfaction means the feeling that one has contributed in one's own way to the progress of the community and has time and interest to learn more about one's own work, and the work of others around me.

4. The peace of mind resulting from a job well done.

5. To be satisfied in one's job it is necessary not only to enjoy the work one is doing, the people with whom one works, the area, etc., but also to feel that your services are worth being paid for and also that when you retire you will have a little money saved to enjoy old age.

In Memoriam

Louise (Weaver) Berry, who graduated from Royal Victoria Hospital, Montreal, in 1926, died suddenly in Kingston, Ontario, on June 8, 1957. Prior to her marriage, Mrs. Berry had worked in the urology department at R.V.H.

* * *

Addie (Graves) Bole, who graduated from the Public General Hospital, Chatham, Ontario, in 1912, died on June 10, 1957 after a brief illness.

* * *

Muriel (Cresswell) Byrn, who graduated from Toronto General Hospital in 1917 died suddenly in Vancouver early this year.

* * *

Ethel E. Gibson, a graduate of the Postgraduate Hospital, New York, died at Perth, Ontario, on March 30, 1957. After working in hospitals in Cuba and Bermuda, Miss Gibson returned to Canada. Illness caused her retirement last October from the Great War Memorial Hospital, Perth, where she had been superintendent of nurses for ten years.

* * *

Alice (Cashen) Gilmore, who was a member of the first class to graduate from Montreal General Hospital in 1892, died in Montreal on June 13, 1957 after a lengthy illness. She was 91 years old.

* * *

Catherine (Ryan) Hobson, who graduated from Toronto General Hospital in 1918 died at New Canaan, Conn., on May 15, 1957.

* * *

Lillian (Dicken) Hogan, a graduate of Royal Jubilee Hospital, Victoria, died suddenly on May 28, 1957. At the time of her death, Mrs. Hogan was matron of the Memorial Hospital, Fernie, B.C.

* * *

Beatrice Kettlewell, who graduated from Toronto General Hospital in 1919 died at Toronto in April, 1957.

* * *

Adamina McQuhae, who graduated from Toronto General Hospital in 1909, died there on March 28, 1957.

* * *

Amy (Brown) Paterson, who graduated from Toronto General Hospital in 1918 died at Long Beach, Calif., on January 21, 1957.

* * *

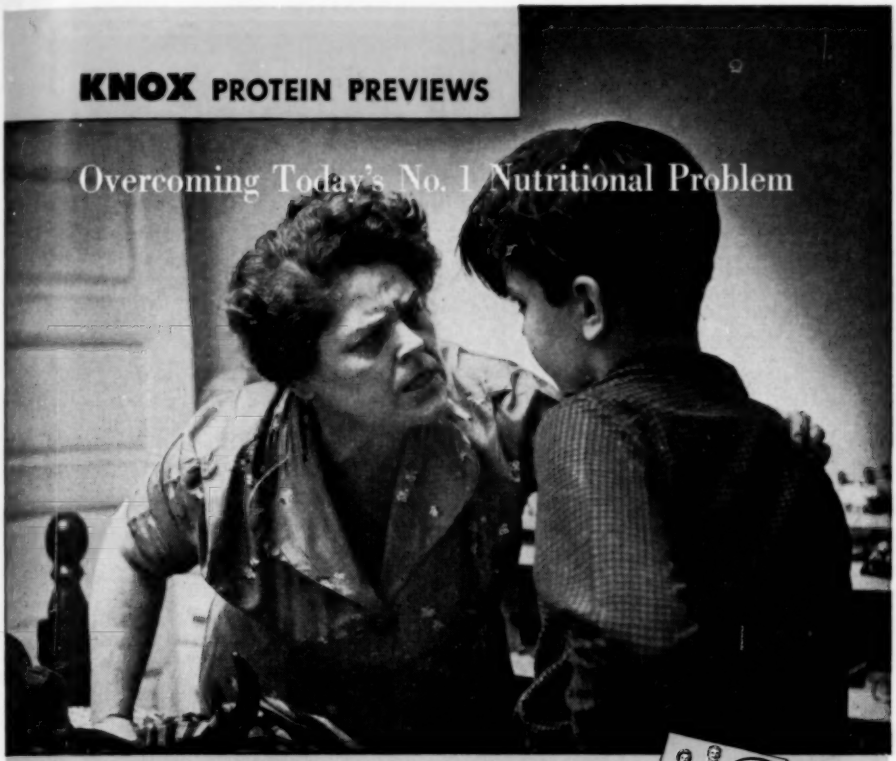
Annie I. Robinson who was a member of the class of 1888 of the Toronto General Hospital, died at Ottawa on June 5, 1957.

* * *

Ethel Maye Ryan died at Ste Anne de Bellevue, Quebec, on July 14, 1957, at the age of 81. A graduate of Manhattan State

KNOX PROTEIN PREVIEWS

Overcoming Today's No. 1 Nutritional Problem



Knox "Choice of Foods" Diet Can Help Your HYPERTENSIVE Patients to Reduce and Stay Reduced

1. Color coded diets of 1200, 1600 and 1800 calories are based on nutritionally tested Food Exchanges.[1]

2. The easy-to-use Food Exchanges (called Choices in booklet) simplify diet management by eliminating calorie counting.

3. Diets promote accurate adjustment of caloric levels to the special needs of the patient yet allow each individual considerable latitude in the choice of foods.

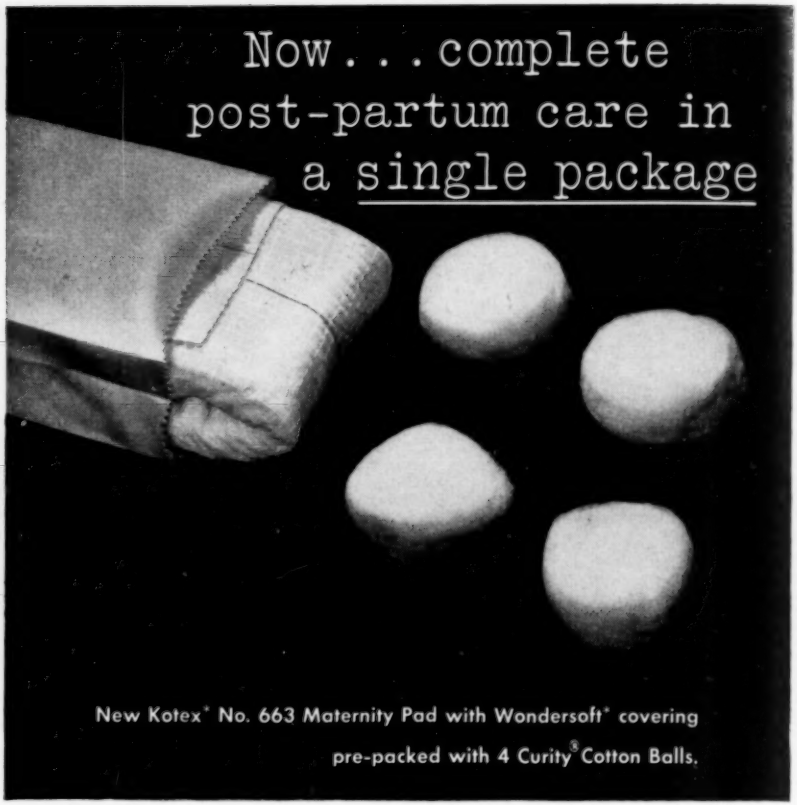
4. More than six dozen appetizing, low-calorie recipes are described in the last fourteen pages of the diet booklet.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc., and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

Knox Gelatine (Canada) Limited
Professional Service Dept. CD-33
140 St. Paul St. West, Montreal, Quebec

Please send me ..... dozen copies of the new, illustrated Knox Reducing booklet based on Food Exchanges.

Your Name and Address.

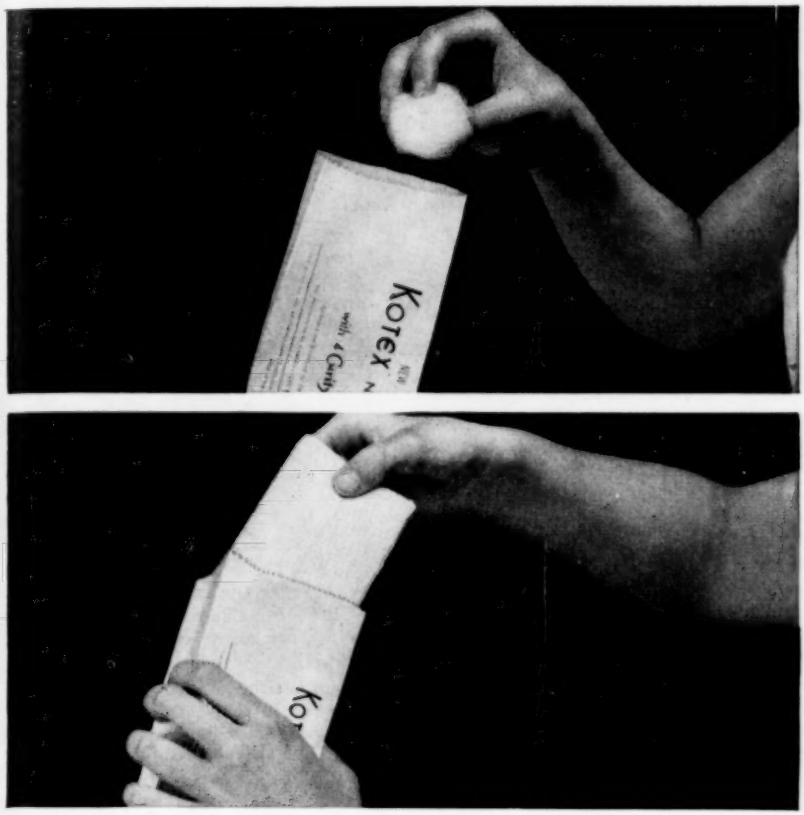

Now . . . complete
post-partum care in
a single package
New Kotex* No. 663 Maternity Pad with Wondersoft* covering
pre-packed with 4 Curity® Cotton Balls.

You know what a savings pre-packed maternity pads give you. Savings in both time and money. Because there's no folding, no wrapping, no labeling, no tying.

But, until now, hospitals themselves have had to add the cotton perineal wipes.

Now, at last Bauer & Black gives you softest-ever KOTEX Maternity Pads with Wondersoft covering *plus* 4 *Curity* Cotton Balls right inside the bag. Four large cotton balls ideally sized for perineal cleansing—and a KOTEX napkin 12 full inches long. That's everything you need for post-partum care right in a single package.

®Registered Trade Mark of the Kendall Company (Canada) Limited
*Reg. Trade Marks of Kimberly-Clark Products Ltd.



Packed in order of use—This new pre-pack is put up so the patient gets her supplies in the order of use. Opening the bag, the patient draws out first the four cotton balls for perineal cleansing. Then the napkin, carefully folded to protect its sterility. And directions for patient's use are printed right on the bag.

KOTEX*

MATERNITY PADS

Distributed by

BAUER & BLACK

Division of The Kendall Company (Canada) Limited
Curity Avenue, Toronto 16, Ontario

A product of Kimberly-Clark Products Ltd.

4130A

Hospital, New York, Miss Ryan joined the Victorian Order of Nurses on her return to Montreal. She served overseas with No. 2 General Hospital of the C.A.M.C. during World War I. For many years following her discharge she engaged in private nursing.

Lucy White who graduated from the Montreal General Hospital in 1905, died in Montreal in July, 1957. Miss White retired from nursing about ten years ago after being in charge of the Graduate Nurses' Registry for a long period.

Sélection

La Chlorpromazine ou Largactil en Pédiatrie

LA CHLORPROMAZINE ou largactil (aux E.U., Thorazine) fut préparée pour la première fois en décembre 1950. Elle a trouvé, grâce à ses remarquables propriétés, de multiples applications cliniques. Elles est une bénédiction pour les aliénés mentaux chez qui son effet est égal à celui de la lobotomie frontale. Elle contrôle l'excitation psychomotrice, réduit les phobies et les obsessions, supprime ou modifie les psychoses paranoïdes, calme les patients maniaques ou extrêmement agités, fait céder l'agitation et l'hostilité de patients séniles qui deviennent tranquilles et faciles à conduire. Elle a grandement contribué à réduire la tension dans les asiles d'aliénés. L'excitation aiguë de l'ivresse alcoolique est rapidement calmée par son emploi, pour faire place à un profond sommeil dont le patient se réveille lucide. L'agitation motrice des alcooliques chroniques, tremor et mouvements involontaires, est réduite de même que leur agressivité. Les toxicomanes peuvent être privés de leur drogue sans souffrir d'"état de besoin." La chlorpromazine ou largactil a encore les propriétés de calmer les vomissements de diverses étiologies (elle coupe notamment les vomissements provoqués par l'apomorphine), de renforcer l'action des analgésiques, des hypnotiques, des anesthésiques et de faciliter l'induction de basses températures.

Elle abaisse légèrement la température du corps et aussi la pression sanguine. Cet effet sur la pression sanguine disparait lorsque le médicament a été pris pendant deux ou trois semaines. Il ne peut donc être mis à profit pour le traitement à long terme des hypertendus. Le surdosage entraine la sécheresse de la bouche, l'incertitude des mouvements, l'apathie, et souvent le traitement prolongé donne lieu à de l'insomnie que les barbituriques ne corrigent pas. La chlorpromazine produit des modifications de l'électroencéphalogramme semblables à celle du sommeil normal, et non une dépression comme le font les barbituriques. Les réactions toxiques sont rares, mais l'hépatite qui peut se déclarer de 2 à 5 semaines après le début du traitement, indépendamment du dosage, est grave: caractérisée notamment par l'ictère, elle ne se laisse pas distinguer d'une hépatite infectieuse. Elle peut être mortelle et son apparition interdit formellement la poursuite du traitement. L'apparition d'oedème, notamment au visage, exige aussi l'interruption de la médication. L'on peut observer aussi de la leucopénie, un érythème des parties du corps exposées à la lumière ou un exanthème morbiliforme, ou encore une fièvre passagère, manifestations qui s'amendent malgré la poursuite du traitement.

Utilisation chez l'enfant: Vomissements: la chlorpromazine ou largactil a été utilisée avec succès appréciable bien qu'inconstant, dans les vomissements associés à diverses maladies infectieuses, entre autres, dans les gastroentérites. Elle est utile dans les troubles émotionnels de l'enfant tels qu'anxiété, agressivité, où elle facilite la psychothérapie. Dans la paralysie cérébrale, elle améliore les prestation de l'enfant en réduisant son anxiété et sa tension nerveuse. Dans la *chorée de Sydenham,* elle réduit remarquablement les mouvements involontaires. Son effet dans l'*épilepsie* est variable, aggravation ou disparition des crises, ou substitution du petit mal au grand mal.

Le dosage des sédatifs, analgésiques, narcotiques doit être réduit au quart ou à la moitié lorsqu'on administre de la chlorpromazine. S'il se développe une intolérance au médicament avec diminution de son effet, on suspendra l'administration pendant quelques jours.

— H. Bawkin en un article publié dans la revue *L'enfant.*

QUICKER
EASIER ADMINISTRATION

new PARLITE*

SOLUBLE VITAMINS

HIGH POTENCY B COMPOUND + 500 MG. VITAMIN C

PARENTERAL

all in one vial

Simply add 5 cc. of *any* standard parenteral solution to a vial of PARLITE for I.V. administration. Rubber-stoppered vial means no ampuls to file... minimizes glass breakage hazards. Administered intravenously or intramuscularly, PARLITE is indicated in chronic or prolonged illness, for preoperative build-up and faster postoperative recovery.

Each one-dose vial contains:

Thiamine HCl (B_1)	10 mg.
Riboflavin (B_2)	10 mg.
Sodium Pantothenate	10 mg.
Niacinamide	150 mg.
Pyridoxine HCl (B_6)	5 mg.
Vitamin B_{12}	25 mcgm.
Ascorbic Acid	500 mg.

LEDERLE LABORATORIES DIVISION, NORTH AMERICAN CYANAMID LTD., MONTREAL, QUE.

*Reg. Trademark in Canada

Lederle CANADA

L'Enseignement Clinique dans un Service de Médecine

Laurence Crevier Hamel

Enseignement Collectif

Afin de vous faire comprendre l'enseignement clinique que je fais auprès des étudiantes qui me sont confiées, je voudrais, en premier lieu, dresser un tableau du riche matériel d'enseignement que j'ai à ma disposition. Le département public de médecine chez les femmes, département auquel je suis attachée depuis près de quatre ans maintenant, compte 61 lits, toujours occupés car l'hôpital Saint-Luc répond aux appels d'urgence très fréquents, même dans le service de médecine. Sur ces 61 malades, en moyenne il y a en a 15 gravement atteintes. Ces malades offrent une pathologie variée à étudier. Cependant l'insuffisance cardiaque (10), le diabète (8), la pneumonie (3) sont les maladies "vedettes" du département. (Les chiffres cités, indiquent une moyenne quotidienne de ces cas hospitalisés.) Les maladies des glandes endocrines sont aussi souvent diagnostiquées chez nos malades: acromégalie, maladie bronzée d'Addison, myxoedème, goître, etc. La variété des cas est très riche et offre une source intarissable d'enseignement clinique. Je n'ai pas encore connu de difficulté à suivre mon plan établi pour la rotation des maladies.

Chaque étudiante fait donc un premier stage de trois mois consécutifs la première année; pour compléter son expérience la deuxième année par un stage de même durée, en médecine chez les hommes (ou vice versa). Six mois de médecine, au minimum, sont exigés par l'école.

Autant que possible nos malades sont classifiés et je fais faire un stage de 15 jours dans chaque spécialité, en me basant sur l'expérience antérieure. Cette rotation est établie par l'hospitalière qui m'apporte sa coopération. Voici donc la liste des cas à étudier:

Insuffisance cardiaque; diabète; thrombose coronarienne, infarctus du myocarde, angine de poitrine; pneumonie; pleurésie; hépatite ou cirrhose du foie; ulcère de l'estomac ou de l'intestin; goître; néphrite; cas moins fréquents, mais d'intérêt général.

J'alloue ordinairement une semaine de cinq jours, de 10 à 20 minutes par jour, pour revoir cliniquement ce qu'elles ont déjà appris à l'école. Cependant pour le diabète je garde 15 jours à cause de l'importance et de l'ampleur des problèmes relatifs au diabète.

Quel moment du jour favorise la réunion du groupe? Le seul temps où je peux soustraire le personnel étudiant est de 10:30 à 11:00 heures, A.M. Si une étudiante n'a pas fini son travail malgré la fusion des efforts avant l'heure fixée, je lui donne à un autre moment du jour la leçon clinique. Je fais également la même chose pour les deux élèves qui sont en congé. Les infirmières diplômées, en service au département, apportent une bonne coopération en s'occupant des malades durant la leçon clinique. J'ai ordinairement 10 étudiantes en service.

Nous étudions très peu au lit de la malade. Ordinairement une seule visite suffit afin de connaître la malade pour mon enseignement. Cependant, j'invite les étudiantes à se renseigner d'une façon discrète sur la symptomatologie offerte. Le local à ma disposition est d'occasion, mais permanent. J'ai toutefois obtenu un babillard sur lequel je peux afficher littérature et illustrations sur le cas étudié. Une question de nursing est lancée à tous les jours et l'étudiante doit y répondre oralement. Cette série de questions est préparée à l'avance et est utilisée en rotation.

Madame Hamel est institutrice clinique à l'Hôpital Saint-Luc de Montréal. Elle était étudiante à temps partiel à l'Institut Marguerite d'Youville lorsqu'elle présenta ce rapport.

4 New SAUNDERS Books and Editions — Current and Authoritative for the Modern Nurse!

Brown — MEDICAL NURSING

This *New (3rd) Edition* fully guides you in effective nursing care of the medical patient. All common diseases are concisely classified according to systems of the body. Medical descriptions give etiology, symptoms, treatment, prognosis, and detailed nursing care for each disorder. Special attention is given to problems of the aged and chronically ill with emphasis on religious, economic, sociologic and emotional needs. Comprehensive discussions cover: relief of pain, sleep, hypotensive drugs, lung cancer and smoking, radiogold, etc.

By Amy Frances Brown, R.N., M.S. in N., B.Ed., Ph.D., Instructor and Consultant, St. Anthony's Hospital School of Nursing, Rock Island, Illinois. 947 pages, with 447 illustrations. $7.00. *New (3rd) Edition.*

Brooks — PHARMACOLOGY

This concise *new* book uniquely emphasizes the *action of drugs* rather than the drug itself. Written especially for the nurse, it discusses *all* the important drugs in use today, enabling you to see at a glance their similarities and differences. Brief discussions cover the use of the drug, effects, methods of administration and normal dosage. You will value the helpful discussions of toxicology, chemistry, laws regulating drugs, and arithmetic. In addition, structural formulas show you the relationship between chemical construction and pharmacologic action.

By Stewart M. Brooks, Ph.G., B.S., M.S., Science Instructor, Lasalle Junior College, Auburndale, Mass. 384 pages, illustrated. $4.00. *New.*

Krause — NUTRITION AND DIET THERAPY

This *New (2nd) Edition* provides the nurse with today's facts about nutrition and the relation of diet to total nursing care. Diets for every type of common disease and disorder are fully covered. This revision features a broader application to nursing, expanded discussions, and additional charts. Included is: new material on food economics, geriatric nutrition and nutrition in pregnancy, menus, therapeutic diet recipes, and psychological aspects of feeding the sick.

By Marie V. Krause, B.S., M.S., Formerly Dietitian in Charge of Nutrition Clinic and Associate Director of Education, Department of Nutrition, New York Hospital; Therapeutic Dietitian and Instructor in Dietetics, Mount Sinai Hospital, Philadelphia. 621 pages, with 144 illustrations. $6.00. *New (2nd) Edition.*

Davis & Sheckler — DE LEE'S OBSTETRICS FOR NURSES

This time honored classic now brings a new spirit to the art of obstetric nursing. Reflecting the shifting emphasis from pathologic to normal aspects, the *New (16th) Edition* stresses the ever important role of the obstetric nurse as a teacher, physician's assistant, teammate, friend and counselor. You'll find excellent coverage of: physiology of reproduction and pregnancy, labor, the puerperium, complications, care of the newborn, education of the parents, etc.

By M. Edward Davis, M.D., Joseph Bolivar DeLee Professor of Obstetrics and Gynecology, University of Chicago; and Catherine E. Sheckler, R.N., M.A., Associate Director of Nursing Service, Michael Reese Hospital, Chicago. 625 pages, with 397 illustrations. $6.00. *New (16th) Edition.*

Gladly Sent to Teachers For Consideration as Texts!

W. B. SAUNDERS COMPANY

West Washington Square Philadelphia 5, Pa.

Canadian Representative: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7

J'oriente donc mon plan de travail vers le nursing. Les données médicales exposées le sont toujours dans le but d'aider l'étudiante à donner de meilleurs soins à son malade. Certains jours, j'invite cette dernière à présenter elle-même à ses compagnes le cas de sa malade; je l'avertis la veille afin qu'elle prépare son travail. Je soumets le groupe très souvent à un interrogatoire ce qui favorise l'étude de l'histoire du malade, l'évolution de la maladie et le rappel théorique. Afin de stimuler ce groupe entre elles, je préfère réunir toutes les étudiantes ensemble sans égard de l'expérience antérieure.

Les étudiantes semblent très intéressées par l'acquisition de ces connaissances sur place et pour la plupart, les 15 minutes sont jugées trop courtes. Ces minutes d'étude collective soulèvent ensuite une série de questions personnelles durant la journée, ce qui me laisse voir l'intérêt accordé à l'enseignement clinique et aussi la valeur de la méthode. C'est si facile et agréable devant les faits concrets d'appliquer une longue liste de symptômes déjà appris en classe.

Enseignement Individuel

Avec de telles ressources cliniques, j'ai beaucoup à donner! La plupart des malades sont de "grandes malades," d'une classe sociale bien distincte; alors j'ai l'occasion de diriger le nursing de façon à considérer tous les aspects de la maladie: aspect religieux, social, psychologique et médical. L'hygiène préventive et le problème de réhabilitation incombent aussi à l'étudiante qui veut réellement conduire son malade vers la guérison.

Chaque malade exige un soin particulier, bien à lui, selon sa maladie, son tempérament, son milieu; d'autre part, l'étudiante a profité de ses études théoriques selon son talent, sa stimulation et arrive avec une expérience bien personnelle.

J'attire surtout son attention vers l'observation du malade et du même coup j'avoue avoir développé ce sens à mon profit. Il faut dire que dès le début, j'ai orienté ma surveillance et mon enseignement vers la condition du malade, soit physique ou psychique. Mon amour pour le malade m'a sûrement dirigée vers cette voie (avant tout, je suis infirmière) et je crois atteindre plus facilement mon but ainsi. Je circule donc constamment auprès de ces malades où j'obtiens une source intarissable d'éléments instructifs. De cette façon l'étudiante travaille plus naturellement ne se sentant pas épiée, se sent secondée dans ses efforts pour améliorer la condition du malade qu'elle aime. Elle reçoit une approbation sur ses soins donnés et je découvre là une quantité de conseils à prodiguer, soit sur le confort du malade, confort non atteint, sur des symptômes révélateurs non mentionnés ou sur des applications boiteuses des techniques. Cependant, si je demande à l'étudiante pourquoi elle installe son malade de cette façon, je lui laisse exposer son point de vue et ensuite j'exprime le mien en me basant toujours sur les symptômes que présente le malade. Par exemple, j'amène une malade en insuffisance cardiaque, sa dyspnée ne justifierait-elle par la position Fowler? Pourquoi est-elle indiquée? L'étudiante le sait déjà par les cours théoriques, mais devant la précipitation des choses à l'hôpital, l'inexpérience la rend souvent inhabile. Je soumets un deuxième exemple peut-être plus frappant car l'équilibre affectif de l'étudiante est souvent chancelant à ce moment. J'expose le cas d'une comateuse où très souvent l'étudiante ne peut, sans l'expérience qui en démontre la valeur, se décider à installer sa malade en position prone ou semi-prone; elle semble bien reposer en position horizontale mais il faut la débarrasser des sécrétions bronchiques sans quoi il y aura complication pulmonaire. Je pourrais énumérer bien des exemples illustrant les besoins d'une monitrice dans l'enseignement clinique. Il y a tant d'activités dans le nursing aujourd'hui et le rétablissement du malade dépend de la qualité de ce nursing!

En procédant ainsi, je peux juger de la valeur personnelle de chaque étudiante. Par les questionnaires, j'apprécie ses connaissances théoriques, ses aptitudes, son intérêt. Je crois également que de cette façon l'étudiante n'a pas l'impression d'être prise en défaut et se sent stimulée en augmentant ses connaissances au profit de son malade à qui elle est attachée et pour

for your own and your patients' skin care

Vanza Creme

prevents...relieves rough, dry skin

...ideal after "scrub-ups"

for "detergent hands"

for use after

dermatoses

for babies' tender skin,

powder base, chafing, chapping...

Vanza Creme smooth-spreading...quickly absorbed
1 and 2 oz. tubes; 4 and 15 oz. jars

Soothing, emollient Vanza Creme forms a thin, protective, non-greasy film which protects against dehydration..."lubricates" with a cholesterinized water-in-oil emulsion.

A COMPANION PRODUCT:

VANZA SUPERFATTED SOAP

for sensitive or dry skin; fine, also, for nursery use.

MAIL COUPON FOR FULL-SIZE TUBE

VanZant & Co., Limited
357 College Street, Toronto, Ontario

Please mail me free of charge a 35-cent tube of Vanza Creme and guest size Vanza Superfatted Soap.

NAME.....

STREET.....

CITY..... PROV.....

qui elle espère une évolution heureuse de la maladie.

Je passe maintenant à l'aspect technique. Certes l'institutrice préposée à cet enseignement a déjà démontré avec force toute sa valeur mais encore une fois la mémoire est si infidèle lorsqu'il n'y a pas concrétisation des faits. Comme c'est souvent difficile de pratiquer une technique lorsque le malade n'apporte aucune coopération. Toujours dans le but d'aider l'étudiante dans sa tâche je l'accompagne; je dis bien accompagnée car c'est elle qui exécute le travail et je la dirige au besoin afin de lui indiquer la façon de procéder dans tel cas particulier afin de respecter l'aseptie toujours de rigueur. J'ai, alors, durant le traitement le temps et l'occasion de mettre en relief le but du traitement demandé et son mécanisme d'action, les réactions possibles du malade. Lorsque j'assiste une étudiante deux fois pour le même traitement, à la troisième fois, elle semble tellement heureuse d'être capable de contourner une situation compliquée tout en sauvegardant les principes élémentaires d'asepsie.

J'ai ici en mémoire un fait. J'approche auprès du lit d'une malade à qui l'étudiante fait un gavage. Je m'informe alors de la situation et je reçois des réponses pleines d'intérêt, elle en est à son premier traitement du genre. Discrètement je surveille les gestes qui sont assez habiles; mais elle a oublié un détail important, la solution nutritive est encore glacée. A ma remarque, il y une réaction de surprise: c'est pourtant bien meilleur de boire un liquide froid, répondit-elle. Après un rappel physiologique, elle a vite compris que la nourriture n'étant pas ainsi réchauffée par la bouche pouvait saisir la muqueuse de l'estomac et provoquer des spasmes.

Voyons maintenant comment je peux aider une étudiante qui a sous ses soins une diabétique à qui le chirurgien pratiquera ce matin une intervention chirurgicale. Je lui laisse faire la préparation requise et avant l'heure du départ, j'apprécie les soins donnés. Je m'informe de la dose d'insuline administrée et je prépare ainsi l'étudiante à une série de questions. Pourquoi donner de l'insuline, si la malade est gardée à jeun? Souvent l'étudiante sait que le soluté glucosé déjà appliqué remplacera, en valeur calorifique, les aliments supprimés, mais pourquoi a-t-elle besoin de cette double prescription, insuline et glucose? J'ai alors l'opportunité de lui faire comprendre que le diabétique est un malade d'une classe spéciale et plus l'état général est atteint, plus également le métabolisme des glucides et des lipides est difficile à équilibrer et je continue ainsi à stimuler son intérêt scientifique si bien qu'elle attend le retour de sa malade avec hâte, voulant appliquer son nursing adroitement afin de la sauver. (Nous gardons ces opérés afin de les suivre médicalement.)

Je passe maintenant auprès d'une malade en insuffisance cardiaque accusant des troubles digestifs. Je vois l'étudiante afin de m'informer du début de cet état nauséeux. Ensuite nous repassons la médication et si de mémoire elle peut m'énumérer les médicaments administrés, toujours avec elle, je consulte le "kardex" et là je lui explique les effets de la digitale (presque toujours en cause) qui pourraient justifier les nausées et les vomissements. Je prends le dossier et lui fait observer la courbe de la pulsation qui marque ordinairement une chute progressive. Je lui conseille donc de retenir la médication et communiquer avec le médecin traitant, tout en avertissant l'hospitalière. D'elle-même l'étudiante observe et rapporte à leur début, les signes d'intolérance à ce médicament dangereux d'administration.

Toujours auprès d'une insuffisante cardiaque, je décèle une petite toux, une régression des oedèmes, un état général moins satisfaisant. J'attire l'attention de l'étudiante sur ces symptômes et l'incite à me dire quelle complication elle peut redouter et ce qu'elle doit signaler au médecin. Cette participation active l'amène à des découvertes étonnantes et combien encourageantes pour l'institutrice clinique. A la fin de son premier stage en médecine, l'étudiante est fidèle à me rapporter ses observations, exception faite de celle qui laisse un point d'interrogation sur ses aptitudes et sur la motivation du choix de sa profession.

En définitive, et pour résumer, voilà: J'ai en illustrant quelques cas, essayé de faire connaître une méthode employée en enseignement individuel. Cette méthode a une valeur non seu-

The Original
Wonder Drug

Nothing you recommend is more carefully made

"Aspirin" is the registered trade mark in Canada of The Bayer Company Limited

lement au point de vue scientifique, mais aussi au point de vue éducationnel; elle habitue l'étudiante à assumer ses responsabilités, à apprécier la présence d'une personne qui vise au même but qu'elle en lui apprenant à soigner d'une façon intégrale le malade qui lui est confié.

La suite au prochain numéro

Effective Planning in a Small Hospital

SISTER YVONNE VIEN, s.g.m.

AFTER CONSIDERABLE planning and reorganization, St. Margaret's Hospital, Biggar, Sask., now enjoys facilities that have proven to be timesaving devices and the means of providing more efficient services in the operating room, delivery room and nursery departments.

These improvements may be outlined as follows:

1. *In the operating room:*

(a) The existing door between the operating room and the sterilization room has been changed to a wall cupboard with doors that can be used by either of the above departments independently of one another. This arrangement is very advantageous as the cupboard can be filled from the sterilization room without having to go into the operating room. This is particularly convenient when an operation is going on.

(b) In St. Margaret's Hospital as in most hospitals, cupboard shelves are neatly marked with the name of the articles belonging in each particular area.

(c) A drawer speci. lly designed for catheters is divided into cubicles and each cubicle is marked as to the different sizes and types of catheters; then each catheter is put in its proper place. The same principle applies to all other drawers and cupboards in the sterilization room.

2. *In the delivery room:*

In both the case room and the emergency room, drawers are provided with a sliding shelf. On this shelf are kept the necessary ampoules with the syringes stored underneath. By simply sliding the shelf over to one side the syringes are easily obtained. Here again, a former door has been changed to a utility cupboard.

It may be helpful to mention the manner used to distinguish various sizes of hypodermic needles. This is done by means of colored absorbent cotton placed at the bottom of the tube containing the needle. The colo are yellow, green, red and rose and they indicate the sizes as follows:

Yellow	—	20
Green	—	21
Red	—	22
Rose	—	24

At a glance the required needle is obtained.

3. *In the supply room:*

(a) The supply room is provided a in most modern kitchens with l- susan shelves. On these revol shelves are kept detergents and ot solutions. Bottles at the back are ver easily reached just by turning the shelves around. A cart for supplies ready for sterilization is found very helpful. Wall cupboards have also been added for convenience.

(b) For cleaning intravenous sets, a special apparatus has been provided. One end is connected to the tap and the other end has four tubes to which the intravenous sets are attached and cleansed simultaneously by having tap water run through them freely.

4. *In the nursery:*

The nursery has been set up to accommodate to modern techniques. Old cribs have been provided with a metal

Sr. Vien is a supervisor at St. Margaret's Hospital, Biggar, Sask. She took a very active part in designing the labor-saving devices described in her article.

Made available for the first time in Canada by CALMIC LTD.

Prevention and Treatment

DRAPOLEX CREAM is a preparation intended specifically for the treatment and prophylaxis of ammonia dermatitis. Benzalkonium Chloride, a quaternary ammonium compound has been found to be particularly effective in combatting urea splitting organisms. (Vulliamy and MacKeith, 1954). Staphylococcus albus and aureus, Proteus vulgaris, Surcina lutea are organisms commonly found in the diaper area and their urea splitting properties are also successfully countered by Benzalkonium chloride.

The water miscible base in which the active ingredient is contained has a pH value of 5.5 to neutralize the alkalinity of irritant ammonia.

Formula: Benzalkonium chloride . . . 0.01 per cent, in a water miscible base.

DRAPOLEX being non greasy facilitates the diaper toilet, and is extremely soothing on application. *Vulliamy, D. and MacKeith, R., Practitioner,* **173,** *1035.*

Widely prescribed by the Medical Profession in Britain under the National Health Service

CALMIC • *the British name for fine pharmaceuticals*

CALMIC LIMITED, Terminal Building, York Street, Toronto

CREWE and LONDON, ENGLAND • JOHANNESBURG, SOUTH AFRICA • SYDNEY, AUSTRALIA

bar lifting the crib about four inches to facilitate the nurse's work. This bar also permits tilting of the crib for postural drainage for the first 24 hours after birth.

A former hallway leading to the nursery has been converted into an anteroom. Here an adjustable wall shelf is used for circumcision and physical examination of the newborn, thus eliminating to a great extent the need for admission to the nursery. In the same room a 6-inch cupboard has been built in the wall behind the door where can be kept all nursery linen and equipment for medical and surgical procedures.

The nursery is also provided with a foot pedal tap and a soap dispenser for the nurses' convenience. Parents and visitors are kept away from the main entrance by means of a show window.

5. *On the ward:*

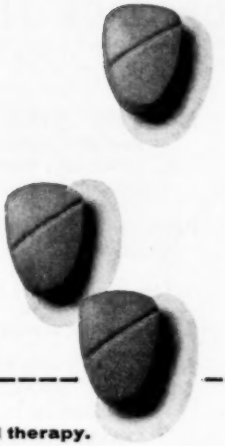
On each ward, there is a medicine drawer containing all the stock medications. It is so arranged that bottles are placed in a slanting position — the label on the side of the bottle faces upwards and is easily read. There is also a cupboard with partitions for each room so that drugs for each patient can be obtained quickly thus saving much time. In addition, there is a special drawer for injection supplies.

Ontario

The following is a list of the changes in the Ontario Public Health Services.

Appointments— *Maude (Weaver) Boone* (Toronto Gen. Hosp., Univ. of Toronto) to Atikokan Board of Health. *Allison (Vanderwater) Kuglen* (Wellesley Hosp., Toronto, U. of T.) to Belleville B.H. *Isabel (Taylor) Budge* (Health Visitor's Cert., Cert. of Queen's Institute of Dist. Nursing) to Bruce Co. Health Unit. *Margaret (Bell) Broughton* (St. Paul's Hosp., Vancouver, U.B.C.) and *Ligia (Melech) Berry* (Univ. of Toronto) to Etobicoke Township B.H. *Jessie (Beard) Guild* (Guelph Gen. Hosp., U. of T.) to Halton Co. H.U. *Muriel Dresser* (Grace Hosp., Windsor, U. of T.) and *Eileen (Rigby) Wrigley* (H.V. Cert., Cert. of Queen's Institute of Dist. Nursing) to Hamilton Dept. of Health. *Rosemarie Chisholm* (St. Jos. Hosp., London, Univ. of West. Ont.) to Huron Co. H.U. *Barbara (Traver) Marshall* (Toronto West. Hosp., Univ. of West. Ont.) to Lambton H.U. *Janice (Bacon) Hebbert* (Vancouver Gen. Hosp., U.B.C.) to Leeds and Grenville H.U. *Leone (Dockendorff) Carpenter* (Pr. Ed. Is. Hosp., Charlottetown, U. of T.) and *Elaine (Dogue) Nattress* (Ottawa Civic Hosp., U. of T.) to Northumberland and Durham H.U. *Shirley (Gaffney) Marks* (Ottawa Civic Hosp., U. of West Ont.) *Lise Cusson* (U. of Ottawa) formerly with Prescott and Russell H.U., *Joan Grimes* (Hotel Dieu Hosp., Kingston, U. of Ottawa) and *Laura Giguere* (St. Vincent de Paul Hosp., Sherbrooke, U. of Ottawa) to Ottawa B.H. *Margaret Atkinson* (Women's College Hosp., Toronto, U. of T.) formerly supervisor with the Stormont, Dundas and Glengarry H.U., to the position of supervisor, Ontario Co., H.U. *Elizabeth Row* (Woodstock Gen. Hosp., U. of West. Ont.) formerly with Port Arthur and Dist. H.U., to Oxford Co., H.U. *Helen (Anderson)* Grant (Hamilton Gen. Hosp., U. of T.) to Owen Sound B.H. *Charlotte (MacKenzie) Dickey* (Glace Bay Gen. Hosp., N. S., U. of T.) to Peel Co. H.U. *Elizabeth (Putnam) Yelland* (Royal Jubilee Hospital, Victoria, U.B.C.) to Peterborough B.H. *Ruth (Kirkpatrick) Cunningham* (Hamilton Gen. Hosp., U. of T.) to Port Arthur and Dist. H.U. *Margaret Mc Hattie* and *Betsy Meek* (both H.V. Cert., Cert. of Queen's Institute of Dist. Nursing) to St. Catharines-Lincoln H.U. *Lois (Smith) Sammon* (Brockville Gen. Hosp., U. of T.) and *Elizabeth Wade* (Women's College Hosp., Toronto, U. of T.) to Scarborough Township B.H. *Faye Bionda* (Royal Vic. Hosp., Montreal, U. of T.) to Simcoe Co. H.U. *Constance (Weir) Heye* (Ottawa Civic Hosp., U. of T.) to Township of Tarentorus B.H. *Helen Anderson* (Hosp., for Sick Children, U. of T.) to Toronto Dept. of P.H. *Jean Sheppard* (Peterborough Civic Hosp., U. of T.) to York Co. H.U. *Marjorie Allen* (Ottawa Civic Hosp., U. of West Ont.) to York Township B.H.

The majority
of adult **DIABETICS**
will respond to
MOBENOL



How to select patients for Mobenol therapy.

Generally, a majority of those diabetics whose condition developed in maturity — after age 40 — and whose insulin requirements are low or moderate will respond to Mobenol.

Best chance Majority will respond	Diabetes developed after 40 and requires less than 40 units of insulin daily.
Fair chance up to 30% will respond	Diabetes developed between 20 and 40 years of age and is relatively stable.
Poor chance under 10% will respond	• Diabetes developed under age 20. • Unstable diabetes (ketonuria promptly follows insulin withdrawal) • High insulin requirements or insulin-resistant.

Supply
Mobenol
(tolbutamide, Horner)
orange 0.5 Gm. tablets
in bottles of 50.

Mobenol
oral diabetes therapy

FRANK W. HORNER LIMITED • MONTREAL, CANADA

VALUABLE AIDS FOR YOUR TEACHING

NURSING ARTS — PROFESSIONAL ADJUSTMENTS

HARMER-HENDERSON: Textbook of the Principles and Practice of Nursing. New 5th edition — $7.00

KEMPF: The Person as a Nurse. 2nd edition preparing — $5.00

PHARMACOLOGY *For the first term*

GOOSTRAY: Problems in Solutions and Dosage. 2nd edition — $3.00

For the second term

MUSSER-BIRD: Modern Pharmacology and Therapeutics (preparing, ready January, 1958) — $6.00

ANATOMY-PHYSIOLOGY

KIMBER-GRAY-STACKPOLE-LEAVELL: Textbook of Anatomy and Physiology 13th edition — $5.75

STACKPOLE-LEAVELL: Laboratory Manual and Workbook in Anatomy and Physiology. New 3rd edition — $4.50

BIOCHEMISTRY-CHEMISTRY-PHYSICS

GOOSTRAY-SCHWENCK: A textbook of Chemistry. 7th edition — $4.75

GOOSTRAY-SCHWENCK: A Laboratory Manual. 2nd edition — $2.25

FRANCIS-MORSE: Fundamentals of Chemistry and Applications 4th edition — $6.00

FRANCIS-MORSE-CHADWICK: Laboratory Manual. 2nd edition — $3.25

DIETETICS — NUTRITION

PROUDFIT-ROBINSON: Nutrition and Diet Therapy. 11th edition — $5.25

GYNECOLOGY — OBSTETRICS

BRADY-KURTZ-McLAUGHLIN: Essentials of Gynecology. 2nd edition — $3.50

VAN BLARCOM-ZIEGEL: Obstetrical Nursing. New 4th edition — $6.50

HISTORY

ROBERTS: American Nursing — $6.00

MEDICAL-SURGICAL NURSING

JENSEN-JENSEN: Nursing in Clinical Medicine. 4th edition — $5.50

WEST-KELLER-HARMON: Nursing Care of the Surgical Patient. 6th edition preparing — $6.00

PSYCHIATRY

NOYES-HAYDON-VAN SICKEL: Textbook of Psychiatric Nursing. New 5th edition — $4.75

PSYCHOLOGY

CROW-CROW-SKINNER: Psychology in Nursing Practice. 2nd edition — $5.00

All prices are subject to change

Laboratory Manual and Workbook in Anatomy and Physiology

Third edition

Stackpole-Leavell

(Formerly Laboratory Manual in Anatomy and Physiology.) This manual has been completely revised and redesigned to provide meaningful laboratory experiences, with a variety of visual aids. The exercises require very little laboratory equipment and much of that can be improvised. The appendix contains many valuable suggestions for the instructor. For use with any standard textbook.

224 pp. 62 Illustrations $4.50

MODERN PHARMACOLOGY AND THERAPEUTICS

MUSSER-BIRD

Comprehensive, detailed, modern, yet adapted to the capabilities of the student nurse. The text covers all phases of pharmacology, including anti-infective drugs, drugs acting on the general nervous system, the peripheral nervous system, the autonomic nervous system, the cardiovascular system, the intestinal tract, the reproductive system, the kidney and urinary tract, metabolism and the skin membranes. Here is a worthy successor to Blumgarten's text book "Materia Medica".

576 pp. Illustrated $6.00

OBSTETRICAL NURSING

New 4th edition

Carolyn Van Blarcon and Erna Ziegel

Completely rewritten, this new edition lucidly explains how the nurse provides the most modern obstetrical care for the mother and baby. Contents: Anatomy and Physiology; Development of the Baby; The Expectant Mother; The Birth of the Baby; The Care of the Mother; The Maternity Patient in the Community; The Care of the Baby.

855 pp. 231 illustrations $6.50

THE NURSE AND THE OUTPATIENT DEPARTMENT

New 4th edition

Audrey Windemuth

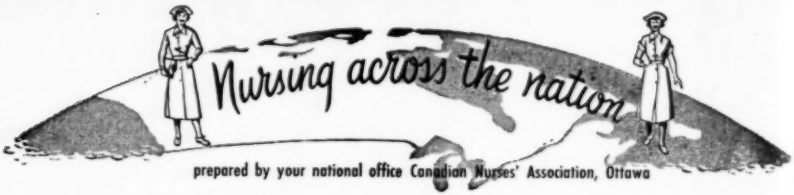
The first text dealing with the total aspects of nursing in the outpatient department. A timely, practical guide to outpatient nursing, the book covers history, trends and organization and suggestions for health teaching in many specialized clinics.

545pp $6.00

BRETT-MACMILLAN LTD.

25 HOLLINGER ROAD

TORONTO



The Bank Account Increases

FUNDS FOR THE PILOT PROJECT for the Evaluation of Schools of Nursing now amount to $17,411.

On behalf of Canadian nursing we acknowledge receipt of $3,133 from the Alberta Association of Registered Nurses and $700 from the New Brunswick Association of Registered Nurses. To the Presidents and members of these associations our grateful thanks.

These donations, added to the amounts already contributed by the associations of Manitoba and Saskatchewan, as well as by the CNA add up to the total mentioned above.

The bank account increases, plans develop and Miss Helen Mussallem, Director of the Pilot Project, having just completed a two-weeks' orientation period in National Office is off to New York and The National League for Nursing where she will obtain experience in the N.L.N. Accreditation Program.

Association Secretaries Meet in Montreal

During the last week of September some 18 executive secretaries and registrars from the 10 provincial registered nurses' associations and from the CNA will meet in Montreal. These nurses, responsible for the administration of association offices and for the registration of nurses in each province, will attend an Institute especially designed for their needs.

This is the first of a series of Institutes approved by the Executive Committee of the CNA for this group of nurses. It is recognized that the particular responsibilities of positions in all types of provincial and national associations demand special preparation. This need has long been recognized by the nursing group.

The first institute will deal with topics related to finance, office organization and management, to program planning and legislation as it relates to nursing.

Conference on Nursing

The dates of the first Conference on Nursing to be held in Canada will be November 4 and 5, 1957. The Medical School of the University of Ottawa has kindly placed their auditorium and discussion rooms at our disposal for this conference.

Invitations have been issued to Federal and Provincial Ministers of Health and their Deputy Ministers, government representatives, allied professions, hospitals, health associations, education, National Women's groups, the CNA and the public. Interest and enthusiasm in this plan to discuss the impact of hospital insurance on nursing has been expressed by many of the participants.

Reports from provincial committees set up to outline problems in nursing relevant to government hospital insurance programs are now being compiled in National Office into a study brochure for the conference participants.

Display Poster

Through the generous assistance of Information Services of the Department of National Health and Welfare we now have a display poster available for the use of our members.

A 3'8" x 5' black and white framed poster entitled "Nursing the Career with a Future" is available on loan from National Office for display purposes. It portrays a newly graduated nurse, diploma in hand. Attractive and appealing, it is designed for use in recruitment programs. Special care has been taken to make it suitable for television.

Best seen when placed on an easel at eye level, the poster is provided with

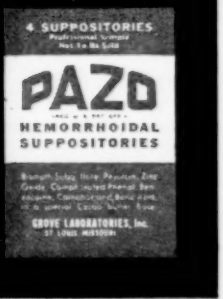
Today's foremost adjunct
in the treatment of hemorrhoids
and related anorectal conditions

New Stainless PAZO

Ointment and Suppositories

The effectiveness of New *Stainless* Pazo for symptomatic relief of the pain and swelling of hemorrhoids, and other disorders of the proctologic area, has been established in clinical tests. Patients appreciate the comforting relief and, in cases where home treatment is indicated, the ease of administration, and the stainless quality of Pazo.

New *Stainless* Pazo Ointment and Suppositories are now available at Pharmacies throughout Canada. For a Professional Sample, and a copy of "Notes on the treatment of Hemorrhoids, Proctitis, Cryptitis, Anal Fissure" mail the coupon below.



GROVE LABORATORIES, Inc.,
Dept. C.N., 8877 Ladue Road,
St. Louis 24, Missouri.

NAME .....

ADDRESS .....

CITY ..... PROV. .....

6472

a shipping crate and may be obtained on request from **Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa.**

In order to give ample time for delivery by railway freight, requests should be forwarded early. Shipping costs to be borne by requesting organization.

C.P.H.A. Life Membership for Miss Florence H. Emory

Public health nurses attending the 45th Annual Meeting of the Canadian Public Health Association were delighted to see the honor bestowed upon Miss Florence H. Emory when she received an Honorary Life Membership in the C.P.H.A.

Recognition of Miss Emory's contribution to nursing was recorded in these words, taken from the citation:

> Florence Emory is known to a very large number of public health workers in Canada and throughout the world as teacher, associate and friend. She has given leadership in the development of public health nursing and nursing education and has contributed to the work of health agencies and professional organizations through service on committees and planning bodies . . .
>
> The Canadian Public Health Association is privileged to pay tribute to Miss Florence Emory for her great contribution to nursing education and to the development of public health nursing in Canada.

50th CNA Anniversary Meeting

Pageant Committee — Miss Verna Huffman, (Nursing Counsellor, Civil Service Health Division and Chairman of the Pageant Committee) with the ten committee members is actively planning details of the Pageant on Nursing, expected to be a highlight of the week's events.

Housing Committee — Under the chairmanship of Miss Evelyn Horsey (Private Nursing) — this committee is working closely with National Office on the arrangements for the accommodation of registrants. Hotels, motels and tourist homes are being visited. Special arrangements will be made for the housing of religious sisters and student nurses.

Arrangements Committee — Everywhere in Ottawa nurses are joining committees and sub-committees. There is great activity all designed to make the week of June 23-27, 1958 a memorable one.

Job Analysis and Job Evaluation

The Manual on Job Analysis and Job Evaluation which was prepared by the Committee on Institutional Nursing, Canadian Nurses' Association in 1946 has been revised and reprinted in both French and English.

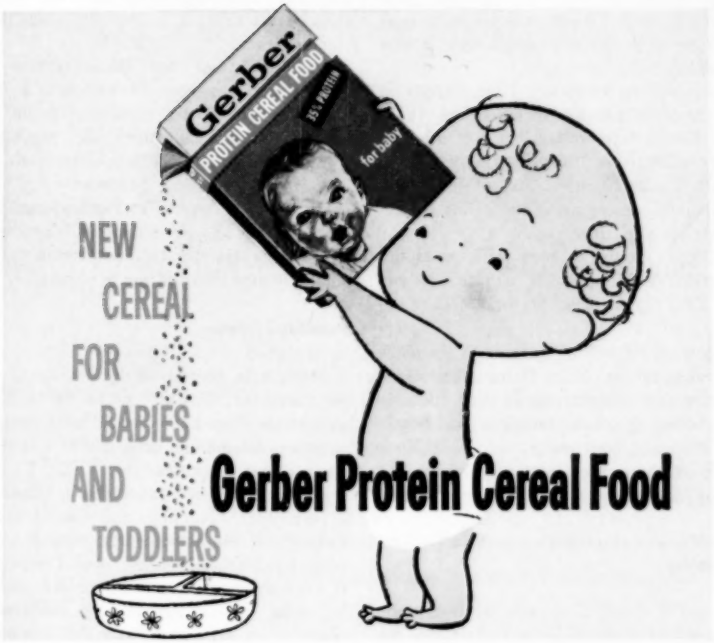
Job evaluation provides a basis for an equitable wage and salary structure which gives employees confidence in the fairness of administration and consequently reduces the number of grievances.

Job description and job specification are preliminary to job evaluation. They are essentially a summary of the most important functions of a job and a statement of the special abilities and preparation required of the worker for satisfactory performance. They are valuable in providing information necessary for the proper selection and placement of employees and in planning orientation and inservice education programs.

These techniques which have been used extensively in industry are equally applicable in the health field. This is especially true in hospitals where the introduction of varying types of auxiliary nursing personnel demands job descriptions and job specifications for the most efficient utilization of all.

The manual describes these various techniques. Sample forms are included but these are given as examples only. Each institution will have variations in the functions and activities of its workers, and should carry out its own job analyses based on a careful appraisal of the work to be done and the special skills required of the worker. All positions in an agency should be analyzed and evaluated by the same rating scale. Thus the relative worth of all jobs can be established.

The Manual on Job Analysis and Job Evaluation may be obtained from the Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa, at a cost of $1.00.



COMPOSITE ANALYSIS

	Percent
Protein—N X 6.25	35.00
Fat—Ether Extract	1.65
Available Carbohydrate—By Difference	48.74
Crude Fiber	1.48
Ash—Minerals	7.26
Ash Includes	
Calcium	0.859
Phosphorus	0.930
Iron	0.050
Moisture	5.87
Calories Per Ounce	99

One ounce approximately 12 tablespoons.

VITAMINS

Expressed as milligrams per 100 grams.	
Thiamine	2.8
Riboflavin	2.1
Niacin	14.0

Gerber Protein Cereal Food contributes significantly to the nutritional needs of infants and young children.

Exceptional nutritive value. Gerber Protein Cereal Food is a new baby cereal, designed to increase the protein intake of babies and young children. The high total protein content (35%) combines proteins from oats, wheat, soy beans and yeast. In combination, these vegetable proteins are utilized most efficiently—and offer the mother an economical way to provide protein in easy-to-digest form. For further nutritive value, Gerber Protein Cereal is fortified with iron, calcium and B-vitamins.

Gerber Protein Cereal has a toasted, nut-like flavor that is well accepted by babies and remains interesting to toddlers and young children. It also provides appetizing variety when rotated with Gerber Rice Cereal, Barley, Oatmeal, Wheat and Mixed Cereal. Like all Gerber Baby Cereals, the new Protein Cereal is pre-cooked and ready to serve with milk, formula or other liquids.

Gerber BABY FOODS

NIAGARA FALLS, CANADA

6 Cereals • Over 78 Strained & Junior Foods, Including Meats

Le Nursing à travers le pays

Notre compte de banque augmente

LES FONDS POUR l'étude projetée sur l'évaluation des écoles se montent actuellement à $17,411.

Nous accusons réception d'une somme de $3,133 envoyée par l'Association des Infirmières Enregistrées de l'Alberta et de $700 de l'Association des Infirmières Enregistrées du Nouveau-Brunswick. Aux présidentes et aux membres de ces associations nos remerciements les plus sincères.

Ces dons, ajoutés à ceux déjà reçus des associations du Manitoba, de la Saskatchewan et de l'A.I.C., forment le total déjà mentionné.

Le compte de banque augmente, les plans se développent et Mlle Helen Mussallem, directrice de l'étude, après une période d'orientation de deux semaines au Secrétariat National, nous quitte pour New York où elle étudiera au "National League for Nursing" le programme d'évaluation.

Assemblée des secrétaires provinciales à Montréal

Durant la dernière semaine de septembre, 18 secrétaires provinciales et registraires des Associations d'Infirmières du Canada et de l'A.I.C. se réuniront à Montréal. Ces infirmières, chargées de l'administration des secrétariats et de l'enregistrement des infirmières, suivront un programme préparé selon leurs besoins.

C'est la première fois que le Comité Exécutif de l'A.I.C. organise une telle conférence pour ce groupe d'infirmières. Il est reconnu que de grandes responsabilités sont inhérentes aux positions qu'occupent les personnes employées par les associations provinciales et nationales et qu'elles doivent recevoir une préparation spéciale. Ce besoin de préparation a été souligné depuis longtemps par ce groupe.

La première conférence portera sur les sujets suivants: finance, organisation et administration du bureau, préparation de programmes et législation en ce qui concerne le nursing.

Conférence sur le Nursing

La première conférence sur le Nursing sera tenue à Ottawa les 4 et 5 novembre 1957. La faculté de médecine de l'Université d'Ottawa a bénévolement mis son auditorium et ses salles à la disposition des participants.

Des invitations ont été adressées aux ministres provinciaux et national, à leurs sous-ministres, à des représentants de gouvernement, aux membres de professions médicale et connexes, aux associations de bien-être, d'éducation, féminines, à l'A.I.C. et au public. L'intérêt et l'enthousiasme ont été montrés par de nombreux participants heureux de discuter la répercussion de l'assurance-hospitalisation sur le nursing.

Panneau-réclame

Grâce à la générosité du Service de l'Information du Ministère de la Santé Nationale et du Bien-Etre Social, nous avons un panneau-réclame que nous tenons à la disposition de nos membres.

Mesurant 3'8" x 5' avec cadre, le panneau a pour titre "Nursing, the Career with a Future". Il est actuellement exposé au Secrétariat National où on peut l'emprunter. Il représente une jeune infirmière, diplôme en main. Il est agréable et émouvant à regarder et sera utile lors des campagnes de recrutement. Il a été préparé de façon à pouvoir être montré à la télévision.

Placé sur un chevalet, le tableau fait beaucoup d'effet. Sur demande, vous pouvez emprunter ce panneau, lequel vous parviendra dans une caisse. Adressez-vous à l'Association des Infirmières Canadiennes, 270 avenue Laurier ouest, Ottawa.

Les demandes doivent être faites assez longtemps à l'avance, le transport se faisant par chemin de fer. Les frais de transport sont à la charge de l'organisation qui fait l'emprunt du panneau.

C.P.H.A. nomme Mlle Florence H. Emory membre à vie

Les infirmières hygiénistes qui assistaient à la 45e assemblée annuelle de la "Canadian Public Health Association" se réjouiront de l'honneur conféré à Mlle Florence H. Emory qui fut nommée membre à vie de cette association.

Le rôle joué par Mlle Emory dans le nursing fut commenté par ces mots: "Flo-

BABY'S OWN SOAP

a favorite for over eighty years!

Baby's Own Soap is a pure soap, super fatted with a special extract of lanolin, to make it mild and gentle for the tender skin of babies. It contains no free caustic soda, no coloring agents or fillers. Thorough tests show that components of the perfume which gives Baby's Own its fresh and delicate aroma are entirely free of elements which would affect the normal skin of babies. Its rich lather gets baby's skin thoroughly clean and clears tiny pores of impurities.

For over 80 years, Baby's Own Soap has been the favorite of Canadian mothers. It has won this long standing faith because it is a product of rigid laboratory control. Automatic processing and close inspection assure uniformity of its high standard of quality. Finally each cake of Baby's Own soap is individually wrapped and boxed to ensure protection of its purity right to the time of baby's bath.

Baby's Own 3 step-care

rence Emory est connue par un grand nombre d'hygiénistes au Canada et à travers le monde comme institutrice, collègue et amie. Elle a été la tête dirigeante du développement de l'hygiène publique chez les infirmières et de l'éducation dans ce domaine. Elle a contribué au progrès des agences de santé et aux organisations professionnelles par son travail dans les comités et organisations . . .

C'est un privilège pour la "Canadian Public Health Association" de rendre hommage à Mlle Florence Emory et de reconnaître sa grande contribution à l'éducation des infirmières et au développement du nursing en hygiène publique au Canada."

50e Anniversaire de l'A.I.C.

Mlle Verna Huffman, convocatrice du Comité du Grand Spectacle Historique, avec les dix membres de son comité sont très actives à mettre la dernière main aux plans du spectacle qui sera le clou du congrès. Mlle Huffman est conseillère en nursing au Service Civil, Division Santé.

Comité du logement

La convocatrice du comité du logement est Mlle Evelyn Horsey (service privé). Ce comité travaille étroitement avec les membres du Secrétariat National à faire tous les arrangements nécessaires en vue du logement des congressistes. Des hôtels, motels et maisons de touristes sont visités. Des dispositions spéciales seront prises pour les religieuses et les étudiantes-infirmières.

Activités générales

Dans tous les coins d'Ottawa, les infirmières forment des comités et des sous-comités. Il y a une grande activité déployée afin de faire de la semaine du 23 au 27 juin 1958 un succès.

Analyse et évaluation des tâches

Le Manuel préparé par le Comité du Nursing des Hôpitaux en 1946 a été revisé et ré-imprimé en français et en anglais.

L'évaluation des tâches permet d'établir un barème de salaire sur une base équitable qui donne à l'employée confiance dans l'impartialité de l'administration et, par conséquent, diminue les griefs.

La description des tâches, l'énoncé des exigences que cette tâche impose à la personne qui la remplit doivent être faites avant l'évaluation de la position. Il est nécessaire de faire un résumé des fonctions les plus importantes de la position et l'énoncé de l'habileté et de la préparation requises de l'employée pour que la travailleuse soit satisfaite à son travail.

On y trouvera les informations nécessaires pour le bon choix et le placement des employées, leur orientation et sur le programme d'éducation au travail.

Ces techniques ont été très employées en industrie et peuvent s'appliquer dans les services de santé. Ceci est d'autant plus vrai dans les hôpitaux où l'introduction d'auxiliaires en nursing exige une description et une analyse des tâches si l'on veut que tout le personnel rende les meilleurs services possibles.

Le manuel décrit diverses techniques. Des formules ont été préparées à titre d'exemple seulement. Dans chaque institution, il y a des variantes dans les fonctions de ses employées; c'est pourquoi elles doivent faire leur propre analyse et évaluation des tâches et déterminer les qualités que doit posséder la travailleuse. Toutes les positions dans un même milieu doivent être analysées et évaluées d'après les mêmes normes afin que la valeur relative de chaque emploi soit établie.

L'on peut se procurer le Manuel de la description et de l'analyse des tâches en s'adressant à l'Association des Infirmières Canadiennes, 270 avenue Laurier ouest, Ottawa. Prix: $1.00 l'unité.

Some three out of 10 compounds prescribed for patients in the United States during 1955 were tranquillizers. And further, over 35,000,000 prescriptions for these drugs were written during 1956! This widespread, casual use of "peace pills" to combat everyday tensions "is medically unsound and constitutes a public danger." Today, as when the drugs were first introduced, many authorities urge caution!

— *Mental Health*

The babysitter is a child's temporary guardian, on whom the child's safety depends in case of emergency. When the parents are absent, police and telephone numbers, as well as that at which parents may be reached, should be kept handy for the sitter in case of need.

—Dept. of National Health and Welfare.

* * *

Indigestion: The failure to adjust a square meal to a round stomach.

"Best Medicine A Man Ever Had . . . ?"

Everybody knows the answer—a pretty nurse! Yet Nursing is a profession in which even natural loveliness needs extra-special care.

Constant exposure to infection prompts you to scrub your hands many times during your daily tour of duty . . . but what about your face? At the end of the day you can give it the extra care it needs quickly and easily with a "Noxzema Wash". Noxzema gives your skin a thorough, *antiseptic* cleansing and an exhilarating facial treatment all at the same time.

You "Noxzema Wash" your face almost as you would wash with soap. Just splash on warm water . . . and smooth on Noxzema. Then massage Noxzema well into your skin with a wet face cloth and rinse clean. (Greaseless Noxzema dissolves in water.)

Your face tingles and glows . . . feels refreshed. There's no dry, tight feeling such as you get with even the mildest soaps. There's no heavy, oily film to collect dirt and clog pores such as you get with too greasy creams. Noxzema owes its creaminess to "suspended moisture". This moisture helps replenish the natural moisture of your skin . . . leaving it fresher, lovelier.

Noxzema *protects* your skin too. For it is formulated from these active, medicinal ingredients: Eucalyptol, Eugenol, Camphor, Menthol, Essential Oils, Glycerides of unsaturated fatty acids, Phenol (0.4%). These ingredients are designed to discourage skin infection, stimulate circulation in the skin and promote new cell growth. The result—a clear, clean complexion.

Safeguard your complexion. See how daily "Noxzema Washes" cut down excessive oiliness, blackheads, enlarged pores . . . refine the texture of your skin. Keep Noxzema handy for refreshing, toning "Noxzema Washes" the minute you get off duty. And for hand care keep a jar or tube of Noxzema handy. It does wonders to combat the drying effects of alcohol, detergents and harsh soaps.

CLIP THIS COUPON HERE!

SPECIAL OFFER FOR NURSES ONLY

4-oz. 89¢ jar only 35¢

NOXZEMA CHEMICAL CO. OF CANADA LTD.
77 PARK LAWN ROAD, TORONTO 14, ONT.

Dear Sirs: Please send me a 4-oz. 89¢ jar of Noxzema for which I enclose *only* 35¢.

NAME.....

ADDRESS .....

CITY..... PROV.....

Book Reviews

Mosby's Review of Practical Nursing. 332 pages. The C. V. Mosby Company, St. Louis. 1956. Price $4.25.

Reviewed by Miss Clara Metcalf, Director, School for Nursing Assistants, Sunnybrook Hospital, Toronto.

This book is a most comprehensive review of all courses in the practical nurse curriculum. The total nursing needs of the patient are always kept before the student. Complete chapters are devoted to the nursing care of special types of patients, such as the aged or the sick child.

Unit 4 is of special interest as it deals with the care of patients in their homes. Every aspect of nursing is included with information on adjustment to the family, planning the day's activities, economical marketing and the use of household articles as improvised equipment. This should be of great assistance to the graduate practical nurse who is confronted with the problems of home nursing for the first time.

Units 1 and 12, outline the nurse's responsibilities to her patient, herself and her vocation. It defines her legal status and role in the health team, and acquaints her with other health agencies within the community.

The text was written with the dual purpose of providing the graduate practical nurse with a reference book and with a ready fund of information for review. For both of these uses she should find it invaluable.

* * *

The Principles and Practice of Surgical Nursing, by D. F. Ellison Nash, F.R.C.S. The Macmillan Company of Canada Ltd., 70 Bond Street, Toronto 2. 997 pages. 1955. Price $5.00.

Reviewed by Miss B. Campbell, Clinical Instructor, Civic Hospital, Ottawa, Ont.

"Scientific discovery during the last ten years has so advanced the control of disease that nursing methods have, in certain aspects, changed almost beyond recognition. Consequently, while old methods of nursing have been superseded by new, many entirely fresh nursing problems have arisen." Thus a British surgeon has set about, with the aid of the photographic staff of the St. Bartholomew's Hospital, to write a most informative book which stresses that nursing, like medicine and surgery, is becoming highly specialized.

The book is simply written with excellent illustrations. Convenient tables are included throughout each section as a summary. In the chapter on Fluid and Electrolyte Balance the author realizes how complicated the administration of fluids can be and explains thoroughly the reasons for certain orders and the necessity for the nurse to make certain observations.

In each specialty the author explains the fundamental principles involved. He gives a brief review of the anatomy and physiology of the system to be discussed and brings out very clearly the symptoms which occur when there are disturbances in the function. There are good definitions throughout each section. The tests that may be required are explained well and include the procedures involved.

This book certainly provides sufficient information not only to cover study requirements for students but to enable the graduate nurse to refresh her memory and, with reasonable confidence, to face new problems in which she may have had little or no experience.

* * *

Handbook of First Aid and Bandaging, by A. D. Belilios, M.B., D. K. Mulvany, F.R.C.S. and K. F. Armstrong, S.R.N. 463 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto 2. 4th Ed. 1955. Price $1.45.

Reviewed by Mrs. Dorothy McClay, Director, Nursing Division, St. John's Ambulance, Winnipeg, Man.

This book has successfully combined information from the St. John Ambulance manual, the British Red Cross manual and various other first aid manuals, together with a great deal of additional useful information. It would be helpful to the first aid worker, nurse, or doctor who is required to teach first aid.

One of the main factors emphasized throughout the book is the need to prevent the patient from becoming worse following an accident — the major point emphasized when teaching first aid. The one point which could be raised in criticism is in the chapter on severe hemorrhage, where the use of the tourniquet is described. Teaching the use of the tourniquet has been frowned upon by some Canadian doctors. The St. John Ambulance has substituted the use of the constrictive bandage. Some of the other first

FURTHER PRODUCTION EXPANSION
COW & GATE (CANADA) LIMITED

The steadily growing demand for FARMER'S WIFE from all parts of Canada has necessitated a further substantial increase in production facilities to assure that fresh supplies of these specially prepared infant feeding formula milks may remain constantly available for all areas.

To service the requirements of users in the Maritime Provinces a special arrangement has been made with Central Creameries Limited at Charlottetown, P.E.I. to produce FARMER'S WIFE in their newly established Evaporated Milk Plant, using the exclusive Cow & Gate process under the supervision of our own technicians.

The expanding requirements of our customers in Quebec, Ontario and Manitoba will continue to be supplied entirely from our modern plant in Brockville, Ontario, as at present.

FARMER'S WIFE

COW & GATE (CANADA) LIMITED

"Specialists in the Processing of Milk Foods for Infant Feeding"

aid manuals used in Canada still include this use of the tourniquet.

For all teachers of the presently applied first aid course in Canada, the book would serve as excellent reference material. A nurse would be well advised to pack a copy if leaving for an isolated area. If placed on the market for public use, the isolated home could make use of this manual. It has not been laden with a great deal of anatomy and physiology. It is pointed out that "only an elementary knowledge of these subjects is necessary for an understanding of First Aid." The chapter on Emergency Childbirth is very explicit and helpful to the person who has to deal with such an emergency when there is no possible chance of obtaining medical aid.

The elementary points of first aid are outlined clearly and forcefully for those people who are novices at this work or where medical aid is readily available. The more advanced first aid described would be of great help to an individual caring for an injured person over a longer period of time without the benefit of medical advice.

This is the small handbook size which will fit into the corner of a suitcase. It has clear print, is well illustrated and is clearly set up in the point system.

* * *

The Nurse and the Mental Patient, by Morris S. Schwartz, Ph.D., and Emmy Lanning Shockley, R.N. 289 pages. Russell Sage Foundation, 505 Park Avenue, New York 22, N.Y. 1956. Price $3.50.

Reviewed by Miss Kathleen Brady, District Supervisor, Victorian Order of Nurses, Montreal.

This book was written to help nursing personnel in mental hospitals deal with problem situations, and as such is highly recommended. As a basis for discussion the authors used a research project which was carried out on a disturbed ward in a small mental hospital.

In Part 1 actual recorded experiences of nursing personnel help to explore the dynamics of human behavior. How do nurses feel about problem situations, such as patient assaultiveness, their own fear, the withdrawn, anxious, demanding, or suicidal patient? In examining their feelings, what effect has this on the way they relate to the patients, to each other, and to the medical team? What kind of interaction is set up between the nurse and the patient to bring about changed behavior in each, thus improving the condition of the patient and the work satisfaction, the creative ability, and the professional growth of the nurse?

Part II deals with the interpersonal processes that are common in problem situations. Especially significant for learners is the chapter on "Understanding the Patient." The subject matter dealing with understanding, communicating and relating to the patient is made meaningful by the presentation of a case. This clearly illustrates the variety and the complexity of elements in the nurse/patient relationship, and the growth in understanding of the nurse.

Nurse educators, whether in the psychiatric field or general nursing, will welcome this text as a tool to help learners see the importance of the psychosocial aspect of nursing. Hospital, public health and occupational health nursing personnel can make use of it as a guide for in-service programs. Striking examples are related whereby new learners in the field of interpersonal relations can improve their nursing through discussion, observation and analysis of situations. The clear and interesting way in which the book is set up, as well as the authors' running explanation of what they are trying to communicate, adds value to the book for all nursing personnel.

Slow Down and Live!

High speed and tired drivers are blamed for most summer highway accidents. Learning to slow down and take it easy is the beginning of wisdom at the wheel. The following code is suggested for safe driving:

1. Slow down at the first glimpse of children playing in the street.
2. Slow down at intersections, traffic circles, railway and cattle crossings.
3. Slow down before entering city and town limits or any other crowded area.
4. Slow down for coffee-breaks every 100 miles.
5. Slow down after dark and under bad weather or road conditions.
6. Slow down to give the other fellow a chance, even if he *is* only a pedestrian.
7. Slow down for greater comfort and less strain. You will enjoy your trip more and you will survive it!

— Canadian Highway Safety Conference

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

SALARIES

(1) Public Health Nursing Supervisors: up to $4,860 depending on qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,620 depending on qualifications and location.

(3) Public Health Staff Nurses: up to $3,600 per year depending on qualifications and location.

(4) Hospital Staff Nurses: up to $3,420 per year depending upon qualifications and location.

(5) Nursing Assistants or Practical Nurses: up to $185 per month depending upon qualifications and location.

* Room and board in hospitals — at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available.

* Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.

(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Canadian Tuberculosis Association

Nursing Section

THE THIRD MEETING of the Nursing Section of the Canadian Tuberculosis Association was held during the association's 57th annual meeting at Hotel Georgia, Vancouver, late in June 1957. Miss E. K. Connor (Alberta) presided in the absence of Miss E. Ewart (Ontario) chairman and Miss E. Paulson (B.C.) co-chairman. Over 200 nurses were present.

Dr. Ethel Johns was the guest speaker. The title of her address was "A Study in Contrasts" and it dealt specifically with the changes that had taken place in the nursing care of patients with tuberculosis since the turn of the century. The principal points were concerned with the great improvement that had come about in the environment of patients suffering from this disease and with the advances made in diagnosis and treatment that had enhanced the prospects of arrest if not of cure.

Emphasis was also placed upon the reduced incidence of tuberculosis among nurses in general and student nurses in particular. This had been brought about by more careful health supervision as well as by shorter working hours and better food. Mention was made of the excellent teaching and clinical experience now afforded to student nurses during the affiliation courses offered in modern hospitals. They observe at first hand the new therapeutic measures taken to combat the disease especially by means of chest surgery and chemotherapy. Dr. Johns concluded with a brief reference to the future contribution to be made by nurses, particularly in the public health field.

A workshop on tuberculosis nursing was conducted by Miss E. Kunderman, educational supervisor, Division of Tuberculosis Control of B.C. Ninety-seven nurses participated in this session and 11 groups discussed nine different phases of tuberculosis nursing. These were: The recalcitrant patient; the geriatric patient; staff education; communication between hospital and public health and other nursing services; nursing education for tuberculosis; nursing responsibilities and rehabilitation; psychiatric tuberculosis nursing; the child with tuberculosis; and the effect on nursing care of the trend to increasing exercise. At the end of the session reports were presented by all groups, and a summary of these reports was prepared for presentation to the participants. It was generally agreed that the workshop had been a success and that a similar program would be welcomed at future meetings.

Miss Mary Rowles, director of nursing, Tranquille Sanatorium, Tranquille, B.C., presented a panel on "Have You Thought of This?" New ideas for equipment and records, and innovations of various kinds had been submitted by each province. Many interesting and lively discussions took place.

The many social activities during the week were climaxed by a bus trip to Coqualeetza Indian Hospital, Sardis, B.C., where a buffet luncheon in the newly opened nurses' residence preceded a tour of the hospital.

WILMA C. WOOD,
Secretary.

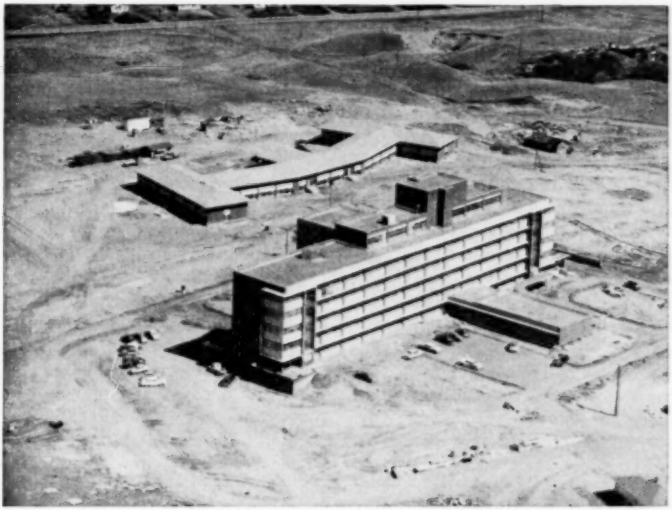
Annual Meeting in Ontario

Members of the Registered Nurses Association of Ontario met in annual convention at the Royal York Hotel, Toronto, on April 12-14 with a registration of over 1200 on the first day. Rev. Wm. J. Daniel of Grant A.M.E. Church gave the invocation at the opening ceremony and greetings from the Canadian Nurses' Association were extended by Miss Helen Carpenter, the second vice-president.

Miss Alma Reid, in her presidential address, emphasized the need for nurses to develop a broad outlook.

"Nothing promotes mediocrity and even leads to decadence and threatened existence faster than a narrow view of one's own work or a disregard of what is going on about one in this fast moving world. We literally have to stick our noses into other people's business . . . if we want to keep our rightful place and make our justifiable contribution . . . nurses and nursing cannot afford

HATS OFF TO THE NEWEST AND MOST MODERN HOSPITAL IN WESTERN CANADA



The friendliest city in the west invites you to enjoy pleasant hours on duty in our new 288 bed hospital, and to relax in comfort in the ranch style residence — with picture windows overlooking the river valley.

We need YOUR help to enable us to ensure a happy hospital visit to our many patients.

We are now accepting application for the following positions:

Clinical Instructors in Medicine and Surgery.

Administrative Supervisors with Postgraduate course in supervision or equivalent experience, for medical and surgical departments.

Head Nurses and General Staff Nurses.

Excellent personnel policies according to recommended policies of Alberta Association of Registered Nurses.

Apply to:

DIRECTOR OF NURSING,
MEDICINE HAT MUNICIPAL HOSPITAL
MEDICINE HAT, ALBERTA

to hide their candle under a bushel."

Her review of the broad scope of activities undertaken by the association showed the effort being made to meet professional obligations.

The report of the executive secretary, Miss Florence Walker clearly indicated the tremendous volume of work that is the responsibility of the provincial office staff. There are presently 36 permanent staff members. Violet S. (Clair) Lambe was appointed nursing service secretary early this year. The acquisition of the new headquarters building has been an important factor in facilitating duties.

An address by Mr. Arnold Edinborough, editor of *The Whig-Standard,* Kingston, helped to set the stage for the discussions and deliberations that followed. Speaking on "Nursing — a Career or Vocation?", Mr. Edinborough gave a layman's view of many factors intimately affecting nurses and nursing: the qualities essential in a nurse; the meaning of professionalism; selection and training of nursing candidates; the control of professional affairs; conditions of work and pay; public relations — the need to become more vocal in interpreting nursing to the public.

Each session held much of significance and interest. The following are highlights of reports of particular concern or interest.

Personnel policies — Professor Kenneth Livingston presented facts and figures derived from questionnaire results as part of the study of policies presently being carried out. Following discussion and an expression of the need for action, authority was given to the board of directors to make recommendations as necessary and desirable in the interval before another general meeting.

Public Relations — A recommendation to change the name of the committee from "Publicity and Public Relations" to "Committee on Public Relations" was approved. It was announced that public relations counsel had been retained in June, 1956 to assist in the ever-growing need for better communications within the profession and with the general public. Miss Sarah Wallace, chairman, commented that "Our association has become so large and so important that it cannot exist completely unto itself . . . public relations counsel skilled in the development of favorable ethical publicity, can be our insurance against uncontrolled, unfavorable attention . . ."

Nursing Service — The sub-committee on nursing assistants met with a group of certified nursing assistants from nine geographical areas. A working party was formed and met to plan for some form of organization for this group and to determine its relation to the R.N.A.O.

Nursing Education — The work of this committee and its sub-committees has centred about study of basic nursing programs and recommendations in this respect. Specifically, a two-year program, different in nature from programs presently being followed, and qualifying the candidate for diploma and registration was recommended. Criteria were presented. However the committee envisaged much more study and investigation of factors involved before such programs would become a reality.

Personnel Relations Program — The issue of collective bargaining was of deep concern to the membership. The matter had been subjected to careful study by the Committee on Legislation and Bylaws under the guidance of the legal adviser. The findings were presented and the committee underlined the importance of careful consideration of the method to be officially accepted by the R.N.A.O. Discussion from the floor emphasized the urgent need the general membership felt for the provincial association to assume responsibility in this respect.

Male Nurses' Committee — Mr. Albert Wedgery presented the first report of this committee that came into being following the 1956 annual meeting.

Student Nurses — A total of 275 attended a panel discussion on "Are Nurses Meeting the Needs of Society?" Many attended the tea at St. Michael's Hospital and a large group were present at the banquet.

Closing Session — A presentation of the film "Hypothermia" — recently developed at the Toronto General Hospital — was a special feature of the last convention session. It provided an excellent orientation to the use of this medium in cardiac surgery. Dr. Ray Heimbecker ably provided the commentary and explanation.

On the social side, the dinner attended by 747 graduate and student nurses was the highlight. Max Ferguson (Rawhide), popular radio personality presented a most entertaining address. The music of the Stanley St. John Trio added much to the lighthearted atmosphere.

By popular demand, Miss Alma Reid of McMaster University, Hamilton, accepted the post of president for the coming year, and received a standing vote of approval from delegates.

— J. E. MacG.

Homografts

The use of skin grafts for patients who have suffered extensive skin losses, has been practised for years. The grafts used were autografts. Since only a limited amount of skin could be obtained, there was still considerable loss of life or a long convalescence was required. It was natural that the practice of using skin from another person (homografting) should be developed. The application of large sheets of splitskin homografts to patients who were unfit to stand a long operation or who were deteriorating from debilitation and pain, was found to be life-saving.

Skin from another person will not grow permanently on a patient — unless it is skin from an identical twin. The homograft survives 20-40 days. During that time the patient is given relief from pain and the discomfort of dressings. His general condition improves and his own ability to grow skin is stimulated. Complete healing may occur even after the homografts have been absorbed. In other words, the homograft acts as a "biological dressing" until permanent healing occurs or autografting becomes possible.

— Excerpts from an article by F. R. Bradley, M.D.; J. B. Brown, M.D.; M. P. Fryer, M.D.; T. J. Zaydon, M.D., in *Hospitals*, January, 1957.

* * *

Increasing evidence that a marked correlation exists between a person's blood group and the diseases to which he is susceptible was reported at the annual meeting of the British Association for the Advancement of Science.

Discussing the blood groups, A, B, and O, the following three associations were supported by "overwhelming" evidence:

1. The incidence of duodenal ulcer is now known to be 40 per cent higher in persons with group O blood than in those with other types of blood.

2. Gastric ulcer is 25 per cent more common among members of the same group, (O) and persons in group A appear to be abnormally susceptible to cancer of the stomach.

3. Persons with O or B blood are more than normally likely to get diabetes and pernicious anemia.

There is some causal connection between the incidence of the disease and the nature of the blood.

— *Scope Weekly*

YOU CAN PREVENT DIAPER RASH

(ammonia dermatitis)

Thousands of babies are complaining bitterly this very moment about Diaper Rash — the commonest skin ailment in infants.

But it can be cleared up fast and efficiently — or prevented from ever starting with Diaparene. . . .

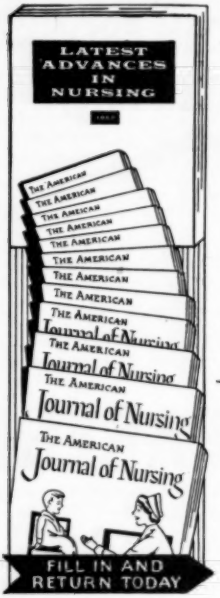
DIAPARENE

will prevent bacterial decomposition of the urine into free ammonia.

TAKE ADVANTAGE OF THIS SPECIAL SAMPLE OFFER!

Diaparene Rinse, Powder, Ointment, Lotion *and* a fully illustrated, informative pamphlet: "Baby's Bath and Skin Care". Send your name, address (please print) and enclose 25¢ to cover cost of handling, mailing, etc.

HOMEMAKERS' PRODUCTS (CANADA) LIMITED
36 Caledonia Road, Toronto 10, Ontario



EXCLUSIVELY FOR MEMBERS OF YOUR NURSES' ASSOCIATION

Again this year, the editors of the American Journal of Nursing have selected from the twelve issues published in 1956, a total of 150 particularly and permanently useful clinical and practical reports for republication in a compact 88-page anthology, which will be included free with any *new* subscription placed by a member of your Provincial Nurse's Association within the next 30 days, at the regular modest annual $4.50 rate.

To get the prompt benefits, both of the contents of this most useful up-to-date anthology, and the particularly valuable wealth of new clinical data scheduled for publication in the next 12 issues of Nursing's most authoritative source of information, fill in and return the convenient order form below—TODAY!

American Journal of Nursing 1957
Two Park Avenue, New York 16, N.Y.

Enroll me as a Journal subscriber for one year starting immediately, and include the free copy of the 88-page "Latest Advances in Nursing" offered in your announcement in our official publication. I will pay $4.50 on receipt of your bill (two years $7.50). This includes Canadian Postage.

Name .....

Address .....

City ..... *Zone* ..... *Prov.* .....

Branch of Nursing and Position .....

EXCLUSIVE CAPES

MADE ONLY TO INDIVIDUAL MEASUREMENTS — YET MODEST IN COST.

WRITE FOR FOLDER AND SAMPLE SWATCHES.

Iron lung patients and other complete paralytics can now "write" letters, do school work or even engage in business, thanks to a new dictating machine.

The morale-boosting invention can be operated by a paralysis victim who cannot move his hands or any other part of his body except his mouth.

Built around standard dictating equipment, the normal hand-operated controls and microphone have been replaced by a special face mask. Three delicate switches are built into the face mask and are operated by pressing the tongue against the upper lip and both cheeks.

In this way, a patient can start the machine, begin dictating, listen and make corrections to his dictation and then turn the machine off. All this can be accomplished by paralysis patients completely confined to bed.

— G. Morley Thompson, *The Canadian Hospital*, February, 1957

* * *

At the beginning of this year there were 6,600,000 Canadians covered by voluntary hospital insurance plans, an increase of 2,140,00 in the preceding five year period.

— *Occupational Health Bulletin*

Complete Carbohydrates
FOR INFANT FEEDING
CROWN BRAND, KARO and
LILY WHITE Corn Syrups

- Readily Digestible . . . Well Tolerated
- Completely Absorbed and Utilized
- Balanced Mixture of Dextrins, Dextrose and Maltose

The Canada Starch Company Limited, Box 129, Montreal.
Please send me FREE, Children's Grow Charts ☐
Crown Brand Samples ☐
Name. . . . . .
Address. . . . . .
. . . . . .

Haute Décoration Internationale Décernée à une Canadienne

LA MÉDAILLE D'OR Florence Nightingale, la plus haute décoration internationale attribuée aux soins infirmiers, vient d'être conférée à Mlle **Helen McArthur**, B.Sc., M.A., I.L., Directrice Nationale des Services de Soins Infirmiers de la Croix-Rouge canadienne, par le Comité International de la Croix-Rouge, à Genève. Cette médaille d'or, frappée à l'effigie de Florence Nightingale, fut crée en 1912. Elle est ainsi décernée tous les deux ans aux personnes qui, grâce à leur dévouement remarquable, ont contribué par leurs services à rehausser le progrès et le prestige de la profession d'infirmière. C'est Mlle Florence H. M. Emory qui a fait remise de la décoration à Mlle McArthur, en présence des directeurs nationaux réunis pour honorer cette infirmière distinguée. Sept infirmières canadiennes ont jusqu'ici été les récipiendaires de la médaille Florence Nightingale, en plus de Mlle McArthur. Ce sont Mlle M. MacDonald, matronne-en-chef des Forces Expéditionnaires canadiennes, lors de la première Grande Guerre (1927); Mlle Anne Hartley, matronne-en-chef des hôpitaux du Ministère des Pensions et de la Santé Nationale, première Grande Guerre (1929); Mlle Vivian A. Tremaine, infirmière-chef du Service des Pouponnières Portuaires de la Croix-Rouge (1931); Mlle Jean I. Gunn, Conseillère honoraire en Soins Infirmiers, Société canadienne de la Croix-Rouge et surintendante des infirmières de l'Hôpital Général de Toronto (1935); Mlle Jean E. Browne, Directrice Nationale de la Croix-Rouge de la Jeunesse (1939); Mlle E. Kathleen Russell, Présidente des Soins Infirmiers de la Croix-Rouge et Directrice de l'Ecole de Soins Infirmiers, Université de Toronto (1949); et enfin Mlle Florence H. M. Emory, Conseillère honoraire en Soins Infirmiers de la Croix-Rouge canadienne et professeur emeritus en Soins Infirmiers de l'Université de Toronto (1953). Ces deux dernières infirmières ont récemment pris leur retraite de cette institution. Elles assistaient à la cérémonie de présentation à Mlle McArthur.

No danger of tearing newly formed skin tissues when you change dressings on burns, cuts, scalds, irritated skin treated with OZONOL Ointment.

For soothing, cooling OZONOL is non-adhering and reduces scarring. Its emollient action relieves pain, its healing action is rapid, uninterrupted.

INDICATIONS: burns and scalds; hemorrhoids, pruritus; excoriation, dermatitis, chafing; cuts, abrasions and other skin wounds.

INGREDIENTS: alum, phenol, ichthyol, thymol iodide, zinc oxide and soothing oils of camphor and thyme in a special lanolin base.

AVAILABILITY: 1¼ oz. tubes; 1 lb. and 5 lb. containers.

OZONOL*

made only by
CARTER, CUMMINGS & CO., LTD., WINDSOR, ONTARIO
*T.M. Reg. in Canada

MAIL COUPON NOW FOR OZONOL SAMPLE

Carter, Cummings & Co., Ltd.
443 Riverside Drive West
Windsor, Ontario

Please send me free sample tube of Ozonol Ointment.

Name .....

Address .....

Province .....

Canadians are spending annually about $1.2 billion on new housing, about $1.7 billion on national defence, and more than $2 billion on state welfare and social security.

— *Occupational Health Services*

* * *

There is no room in a school of nursing for instructors who teach independently of each other. The total plan of nursing education should be in the hands of an educational committee which consists of both instructors and individuals who are to undertake the practical ward and public health work. Where possible members of the teaching staff should have some responsibility for the practical care of the patients. Only too often the teaching staff of the school of nursing is so tied to the classroom that they become out of touch with what is happening outside of it. All teaching of nurses should be patient centred. Wherever the patient is, is where true learning will take place. If we are really enthusiastic about the nurse being given the best opportunities to learn and practice good nursing, then we must be prepared to get out of the classroom as much as possible and ask those most concerned with patient care to participate in the teaching. Principles certainly can be taught in the classroom, their application can only be adequately learned at the bedside, in the clinic, in the factory or in the home of the patient. Case studies are worthless unless they are used as a method of teaching but *can be one of the most effective learning processes.* The more the student participates the greater will be the amount of learning. "The teacher should be seen and not heard" is a statement well worth consideration by the teaching faculty.

— Miss F. J. Cameron in her I.C.N. Congress address.

* * *

A sharp tongue is the only edged tool that grows keener with constant use.

—Washington Irving.

Victorian Order of Nurses

The following are recent changes in the personnel in various branches:

Appointments — Corner Brook: *Mary White* (St. Clare's Mercy Hosp., St. John's). Kingston: *Margaret Ham* (Kingston Gen. Hosp.). Kitchener: *Grace Martin* (Hamilton Gen. Hosp.). Lincoln-St. Catharines: *Catharine Adams* (St. Catharines Gen.

Hosp.). London: *Helen Martin* and *Judith Wainwright* (St. Joseph's Hosp., London). Medicine Hat: Mrs. *Selma Manning* (Royal Alexandra Hosp., Edmonton). Moncton: *Amelia Whitney* (Moncton Hosp.). Montreal: *Valerie DeLaute* (Royal Victoria Hosp., Montreal), Mrs. *Heather Dyregov* (Winnipeg Gen. Hosp.). Ottawa: *Lorna Mary Harris* (Montreal Gen. Hosp.), Mrs. *Joan Johnston* (St. Joseph's Hosp., Victoria). Saint John: *Barbara Vincent* (Saint John Gen. Hosp.). Saskatoon: Mrs. *Rose Gillen* (St. Paul's Hosp., Saskatoon), *Dorothy Ohm* (Grace Hosp. Winnipeg), Mrs. *Marguerite Thompson* (Halifax Children's Hosp.). Stratford: Mrs. *Rosa Barrett* (Victoria Hosp., London). Sudbury: *Raoule Adam* (Univ. of Ottawa Hosp.). Toronto: *Laura E. Butler* (Hosp. for Sick Children, Toronto). Vancouver: *Patricia Copley* (W.G.H.), *Annie June Klassen* (St. Paul's Hosp., Vancouver). Waterloo: Mrs. *Marjorie Carroll* (Kitchener-Waterloo Hosp.). Welland: *Robina Cuthbert* (Royal Infirmary, Edinburgh). Winnipeg: Mrs. *Madeline Blanchford* (W.G.H.). York Township: *Christine Paton* (Toronto Western Hosp.).

Transfers — *Genevieve Donovan* from Montreal to Ottawa. *Gwen Mitchell* from York Township to Peterborough. *Ann Prescott* from Moncton to Halifax. Mrs. *Lucy Woodliffe* from Toronto to London.

* * *

This year the Victorian Order of Nurses for Canada celebrated the Diamond Jubilee of the Order. From Newfoundland to British Columbia the V.O.N. nurse is a symbol of service. Many Canadians call her "everyone's nurse" for you will find her in the homes of young and old, rich and poor, regardless of race, color or creed.

News Notes

ALBERTA

District 3

Calgary

Holy Cross Hospital

A highlight of the coming month will be the reunion of graduates of the school of

for the R.N. who must

KNOW for SURE

that the baby footprints she takes are PERFECT:

New lucite-plexiglas 4-lens magnifier shows whether prints are clear.

FREE

Hollister®

Print Reader

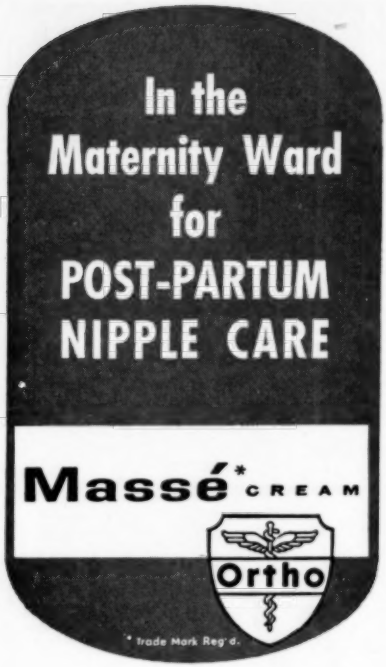
(by Bausch & Lomb)

FREE with first FootPrinter order at only $9.50.

ALSO SENT FREE for a limited time only to present FootPrinter customers, with order for 6 replacement plates. Order now, by letter or postcard, specifying either the $9.50 FootPrinter or the 6 replacement plates, with Print Reader.

FRANKLIN C. HOLLISTER CO.

833 N. Orleans St., Chicago 10, Illinois



nursing. Plans for a number of social events including class parties have been made.

J. Murray has enrolled in an air stewardess course in Montreal. Sister La Chance, formerly on the staff of the operating room, is now Sister Superior at St. Paul's in Saskatoon. Sister Lapierre, the former director of nurses, is Sister Superior at St. Jean, Quebec. F. Tennant attended the ICN congress in Rome and enjoyed a European tour following it. J. Cummins recently completed postgraduate study in teaching and supervision at the University of Alberta. She plans to join the staff of Calgary General Hospital. D. Pechiulius returned to the city following completion of her studies at the same university.

District 7

Edmonton

Miss Amy Lord and Mrs. O. Moore who have retired from school nursing this year were each presented with a gift in recognition of their years of service with the city health department. Miss Lord had been with the department for 27 years, and Mrs. Moore for 15 years. The Bellevue Home and School Association also presented Miss Lord with a gift — the presentation being made by a former pupil.

BRITISH COLUMBIA

Kimberley

Chapter members have participated in presenting a home nursing course in the past months. This project was related to the civil defence program. A presentation was made to Miss V. Day at one of the meetings prior to her departure from the district. Miss K. McKinnon who attended the convention in Rome is to present her report at a future meeting.

Prince George

Under the enthusiastic direction of Mrs. Shirley Hill, chapter members undertook an ambitious fund-raising project in the form of a tour of homes. The homes were selected primarily to illustrate different types of structure, a particularly outstanding feature of construction or the use of a certain material. The funds derived from the sale of tickets are to be set aside to provide furnishings for the new nurses' residence that is to be constructed as part of the hospital's building program. It is hoped that a beginning will be made on the new hospital either this fall or early next spring.

To assure parents of small children a pleasant tour, the enterprising nurses established a baby-sitting clinic in a church hall. Facilities were adequate to care for 100 children at a time. Ticket holders were eligible for prizes donated by various business firms. The publicity campaign carried out by a small group of members was so successful that it resulted in the largest Monday issue of the local newspaper ever produced and set a record as being the biggest promotional effort of its kind in connection with any North American weekly paper. The resounding success of the project has won the respect and admiration of experienced business men in particular, and the public in general.

Sardis

Coqualeetza Indian Hospital was the institution chosen for a visit by members of the Nursing Section of the Canadian Tuberculosis Association meeting in convention at Vancouver. A special luncheon was followed by a guided tour of the wards. The occupational therapy department was of particular interest with its profusion of beautiful handmade articles. The day's program concluded with an introduction to the history of Coqualeetza and the presentation of a souvenir copy of the anniversary issue of the Coqualeetza Courier to each guest.

NEW BRUNSWICK

Moncton

The annual meeting of the chapter featured a lobster supper at the nurses' cottage on

Shediac Cape. An election of officers was held and the following members comprise the executive: Margaret Hollenbeck, president; Eileen Larracy, Katherine MacLeod, vice-pres.; Dorothy Godfrey, sec.; Mrs. R. Oke, treas.

Nurses' Hospital Aid

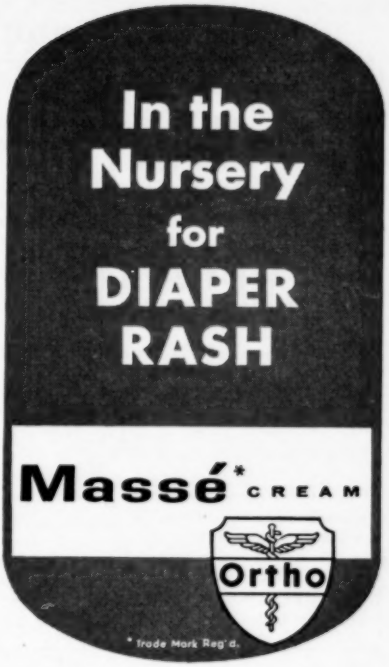
A buffet lobster supper highlighted the regular meeting in June. Dr. and Mrs. A. M. Clarke and husbands of the members were guests of honor. A business meeting chaired by Mrs. W. Buxton followed the buffet. Mrs. Buxton and Mrs. J. Innis were nominated to attend the Maritime Hospital Auxiliaries convention in St. Andrews.

NOVA SCOTIA

HALIFAX

Children's Hospital

At the annual alumnae banquet meeting tribute was paid to Mrs. J. Hussey, immediate past president, for her efforts in making 1956-57 an outstanding year in the history of the association. Mrs. M. Ross, honorary president, and C. Kerr, an associate member, were special guests. It was decided that the annual prize to the student in the graduating class excelling in general proficiency would be a gold medal. This replaces the gift formerly awarded. The attendance of a senior student at the annual meeting of the R.N.A.N.S. is to be sponsored by the alumnae association this year.



ONTARIO

DISTRICT 1

CHATHAM

Public General Hospital

Donna Mae Fletcher was the recipient of the first Priscilla Campbell Scholarship awarded at graduation exercises earlier this year. The alumnae association held a very successful tea at the home of Mrs. W. M. Sheldon late in June. A lucky ticket draw for a cedar chest, electric blanket and bed linen was a special feature of the occasion.

WINDSOR

Mrs. E. Buck, a Canadian graduate of Harper Hospital in Detroit, recently celebrated her diamond jubilee in nursing. She began her training in 1895. The major part of her professional life was spent in the United States. She served during the Spanish-American War and was a Red Cross executive during both world wars. She was the recipient of a medal from President Woodrow Wilson in recognition of her devoted service. Among her souvenirs is the tattered invitation to attend the first convention of the International Council of Nurses in Buffalo, N.Y., in 1899.

DISTRICT 5

TORONTO

General Hospital

F. McGarry recently resigned from her position as an industrial nurse and is now doing private duty. C. Roberts is doing industrial nursing with the Canadian Steel Improvement, Ltd. M. Marriott, B. Nelson, J. Ewing, M. Gracey, J. Neilson and J. Nodwell recently completed postgraduate study in public health at the University of Western Ontario. B. Sauder and P. McKenzie took the nursing education course at the same institution.

DISTRICT 8

OTTAWA

Lady Stanley Institute

The annual meeting of the alumnae association was held early in May. Miss P. Walker, assistant superintendent of the

A Book for Study, for Passing Examinations and for Constant use after Graduation

CYCLOPEDIC MEDICAL DICTIONARY

Clarence W. Taber, Editor-in-Chief. This is a many-times-a-day guide to help in study, in preparing for examinations and in the nurse's work after graduation. A "must" on the nurse's book list. The only medical dictionary, large or small to give cyclopedic data in addition to definitions. Over 1300 pages, over 300 illustrations, seventh edition, revised 1956, thumb indexed $6.25; plain $5.75.

THE RYERSON PRESS
299 QUEEN STREET WEST
TORONTO

THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S NAMES: 3 Doz. $1.80; 9 Doz. $3.00; NO-SO 6 Doz. $2.40; 12 Doz. $3.50; 25¢ per tube

* * *

Four out of five patients anesthetized for minor or major surgery with a new intravenous drug named Neraval are fully recovered within minutes and able to answer questions before leaving the operating room. The quick recovery is coupled with freedom from nausea and vomiting as a general rule. The new drug, developed by Schering Corporation Ltd., was tested in Quebec on patients ranging in age from two to 82 years who underwent surgery varying from short to very long duration.

* * *

Royal Ottawa Sanatorium, was presented with a sterling silver compact. An election of officers was held and Mrs. J. A. Steele was elected to the presidency. Mrs. J. R. K. Main is the new secretary and Margaret Scott, treasurer.

QUEBEC

District 11

Montreal

A series of meetings based on the theme "The Nurse in Her Job" has been planned by the members of the English Chapter. The advice and assistance of Dr. Alistair MacLeod, assistant director of the Mental Hygiene Institute, has been secured. Dr. MacLeod will be the guest speaker at the first meeting when his topic will be "Beyond the Germ Theory." A panel discussion on the interpersonal relationships of the nurse in the hospital, in the community and with the family will be held at a later date. The final session of the series will also be devoted to a panel discussion centred around the nurses' role when medical and nursing measures can no longer assure the patient full recovery. Various disciplines will be represented including the clergy.

SASKATCHEWAN

Regina

Grey Nuns' Hospital

A jubilee week of celebration was held in observance of the 50th anniversary and began with a parade to the Holy Rosary Cathedral for a pontifical mass of thanksgiving. Led by the Canadian Legion band in red and grey uniforms, the parade featured a group of nurses wearing the original, long, white uniforms with pointed caps. A banquet was held on the first evening and subsequent days were set aside as Auxiliaries' Day, Nurses' Alumnae Day, Employees' Day, and one day in which the public was invited to participate in festivities and tour the hospital.

A 15-scene pageant entitled "The Golden Salute" with a 50-member cast and a 65-member glee club was presented several times during the week. Alumnae of the school of nursing arrived from many towns in the province and from a number of the other Canadian provinces and the United States to participate in the anniversary observance and enjoy a reunion with former classmates.

Tribute was paid to the Sisters of Charity who presently serve the hospital and who originally founded it. The hospital began its work just two years after the formation of the province. Sister Cecilia Wagner, founder of the school of nursing, was among those presented with a scroll of recognition. Sister St. Placide, supervisor of the second floor, was a special guest during the observance of jubilee week. She was a witness to the beginning of the institution in 1907.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nurses for 155-bed, fully accredited, (new — 1954) hospital situated in the Columbia River valley. All graduate staff. Degree in nursing administration desirable but secondary to successful experience as nurse executive. Salary: $375 to commence; reviewed annually. 28 days annual vacation; statutory holidays; sick leave. Private suite in residence, $20 monthly. Applicants must be eligible for B.C. registration. Apply, stating age, experience, references and including recent photograph, to the Administrator, Trail-Tadanac Hospital, Trail, B.C.

Superintendent for active 16-bed hospital. Good salary. 44 hr. wk. 3 wks. vacation plus statutory holidays. Sick leave benefits. Apply, District Hospital, Shelburne, Ontario.

Matron for modern 30-bed hospital. Duties to commence immediately. Private 3-room suite. 4-wk. annual vacation with pay after 1 yr. service. All statutory holidays. 44-hr. wk. Full-time Sec.-Treas. For further particulars contact Robert G. Keast, Sec.-Treas., District Hospital, Roblin, Man.

Superintendent for modern 52-bed community hospital **on or before Sept. 1, 1957.** Situated 50 mi. west of Ottawa. Salary to be arranged. Full maintenance. 44-hr. wk. 1-mo. vacation with pay after 1 yr. service. Sick leave & statutory holidays. Apply stating experience, age & references to Superintendent, Pontiac Community Hospital, Shawville, Que.

Matron for 8-bed community hospital. Duties to start in September, if possible. Ideal spot for more mature woman. Salary: $280 with 4 increases of $5 at end of each mo. **General Duty Nurse.** Salary: $240 to start. 3 wk. holiday. Statutory holidays. Sick leave. Full maintenance, $30. Town of 600 population between Regina and Saskatoon. Large rural area served. Help urgently needed. Apply, Secretary-Treasurer, Community Hospital, Craik, Saskatchewan.

Matron, General Duty Nurses (2) for 23-bed hospital. Top salaries. 1-mo. vacation a yr. Separate nurses' residence. Maintenance: $25 per mo. Sick leave. Apply to the Matron, Union Hospital, Spiritwood, Saskatchewan.

Operating Room Supervisor, Head Nurse, Assistant Head Nurse, Staff Nurses for 100-bed, fully accredited Children's Orthopedic Hospital. Good personnel policies. Please apply to Director of Nursing, Alberta Red Cross Crippled Children's Hospital, 1820 Richmond Road, Calgary, Alberta.

Nursery Supervisor for new Nursery Unit. Postgraduate study or previous experience desired. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Night Supervisor and **General Duty Nurses** for 60-bed hospital to be increased to 100 beds in fall. Good personnel policies. Residence accommodation available. For further information apply, Superintendent, Alexandra Marine and General Hospital, Goderich, Ontario.

Supervisor & Staff Nurses (Men & Women) for fully accredited private psychiatric hospital near Baltimore, Maryland. 40-hr. wk. 4-wk. annual paid vacation. Salaries dependent on educational background & experience. Living accommodation available on campus. Apply Personnel Office, The Sheppard & Enoch Pratt Hospital, Towson 4, Maryland.

Assistant Supervisor, (Operating Room) salary commensurate with qualifications & experience, $250-$280 per mo., **General Duty Nurses, $225-$260.** For air conditioned Operating Room in 100-bed General Hospital located on the shore of Lake Erie, 18-mi. from Buffalo. Well qualified surgical staff. Residence accommodation available. Good personnel policies. Apply Director of Nursing, General Hospital, Port Colborne, Ontario.

Medical—Surgical Instructor. Classroom & clinical teaching. Classes approximately of 20-students. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Clinical Instructors (3), immediately. Medical-Nursing (1), Medical-Surgical Nursing (1), Obstetrical Nursing (1). Good personnel policies. Apply to Director of Nursing, Victoria Hospital, London, Ontario.

Pediatric Head Nurse with postgraduate or equivalent experience. Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Assistant Head Nurses, Assistant Operating Room Nurse & Staff Nurses. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Are You Interested in Furthering Your Nursing Experience? Staff Nurses for an active 50-bed General Hospital. For information apply to Superintendent of Nurses. Langley Memorial Hospital, Murrayville, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $225 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Staff Nurses for 100-bed hospital. Salary: $225-$255. 42-hr. wk. beginning October 1. For further information apply, Director of Nursing, Norfolk General Hospital, Simcoe, Ont.

General Staff Nurses for 83-bed hospital in downtown Toronto. This is the new Cancer Treatment & Research Institute opening early this fall. For details please write to Director of Nursing, Ontario Cancer Institute, 500 Sherbourne St., Toronto 5, Ontario.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

Staff Nurses for new, modern 170-bed hospital in sunny Los Angeles, California. In-service education & opportunities for advancement. California registration required. Starting salary: $300 to $315 per mo. for 40-hr. wk. Increases during the year. Paid hospitalization & many other benefits. Write to Director of Nurses, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Graduate Staff Nurses for 400-bed, well-equipped teaching hospital. Experienced nurses start at $320 per mo. days, $350 evening & nights. Room accommodation in attractive residence at reasonable rates. Convenient transportation to colleges & Loop. Apply Director of Nursing Service, Dept. CJN, Mount Sinai Hospital Medical Center, 2750 West 15th Place, Chicago 8, Illinois.

General Staff Nurses for fully accredited, private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range: $320.05-$346. Shift bonus: $26, afternoons — $17, nights. Progressive personnel policies. Excellent cafeteria & attractive rooms at reasonable rates. Please indicate type of service preferred. Apply Director of Nursing, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Staff Nurses for 500-bed General Hospital. 40-hr. wk. Beginning salary: $325 per mo. with advancement to $360 for those eligible for registration in the State of Michigan. Additional differential $1.50 per afternoon or night. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4610 John R. St., Detroit 1, Michigan.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses' Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Staff & Surgical Nurses Starting salary: $250, differential for evening & night plus 1 meal, or, $265 plus $100 for travel expense. Resort area, beaches & college town. Apply Director of Nursing, Grandview Hospital, Edinburg, Texas.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered Nurses & Trained Nursing Aides for large expanding City Hospital in Edmonton, Alberta. Experience available in all depts. including Operating Rooms & Case Rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave & vacation allowances. General Duty: $220-$240 per mo. Staff Nurses: $240-$270 per mo. Certified Nursing Aides: $150-$170 per mo. Meals & laundry included. Fare will be advanced if necessary. For particulars apply to the Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurses (2) immediately for 30-bed hospital within 1-hr. drive from Waterton National Park, ½-hr. from Lethbridge & 4-hr. from Calgary & Great Falls, Montana. Salary: $230 per mo. gross. $5.00 increases at the end of 6 & 12 mo. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1-yr. plus all statutory holidays. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered General Duty Nurses (2) for 20-bed modern hospital — rotating shifts. Salary: $246 gross with usual increments, less $26 for room & board & laundry of uniforms. Separate Nurses' Home. 3-wk. vacation plus statutory holidays after each yr. of service. Apply Matron, Municipal Hospital, Myrnam, Alberta.

Registered Nurses for general duty and **Certified Nursing Aides** for well-equipped 90-bed hospital. Attractive salary. Bonus for evening and night duty. 44 hr. wk. Vacation with pay. Apply to St. Theresa Hospital, St. Paul, Alta.

Registered Nurses (Immediately) for 31-bed hospital. Salary: $252 per mo. with annual increments of $10 per mo. Excellent single room accommodation in comfortable nurses' home free, meals at nominal rates (or full maintenance $30 per mo.) 28-day annual leave plus 3-day travelling time. Steamship fare from Vancouver or Prince Rupert refunded after 6 mo. Full recreational facilities in pleasant surroundings in this modern up coast town. For full information please write to the Matron, General Hospital, P.O. Box 640, Ocean Falls, British Columbia.

Registered Nurses (2) immediately. Commencing salary: $235 to $245 per mo. with yearly increments of $10 starting after 6-mo. employment. Monthly maintenance deduction $35 to $40. Apply Matron, Pouce Coupe Community Hospital, Pouce Coupe, British Columbia.

Registered General Duty Nurses (3) for 40-bed General Hospital. Salary: $255 per mo. 40-hr. wk. 4-wk. vacation with pay after 1-yr. 10 statutory holidays with pay per yr. Annual increment. 1½-day sick leave per mo. References required. Apply Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

Registered Nurses for modern 201 bed hospital. Salary: $200 monthly plus maintenance; $5 semi-annual increase to maximum of $220. 8 hr. rotating shift. 44 hr. wk. 1 mo. vacation after 1 yr. Regular statutory holidays. Good working conditions and living quarters. Apply, Memorial Hospital, Deloraine, Man.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered General Duty Nurses, Certified Nursing Assistants for new 58-bed hospital, situated in northwestern Ontario. Gross salary: $227 per mo & $170 per mo. subject to increase after 6-mo., with regular annual increases thereafter. $45 per mo. room & board. New 21-bed nurses' residence — single rooms. Rail fare refunded after 1-yr. Apply stating age & when available to Director of Nursing, District General Hospital, Dryden, Ontario.

Registered Nurses for General Duty. Initial salary: $200 per mo., with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanatorium, Guelph, Ont.

Pembroke Cottage Hospital invites applications from **Registered & Graduate Nurses.** Excellent working conditions. 3-wk. vacation & 14-day sick leave after 1-yr. service. 7 statutory holidays. Blue Cross participation. Apply Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses (Male & Female). Operating Room Nurse (1) for 60-bed hospital, 51 mi. from Ottawa. For personnel policies apply Superintendent, The Great War Memorial Hospital, Perth, Ontario.

Registered General Duty Nurses for 200-bed General Hospiital, Salary $235 per mo. with annual increase. 5½ day wk. Good personnel policies. Apply Director of Nursing General Hospital, Sault Ste. Marie, Ontario.

Registered & Grace Graduates, General Duty Nurses. 44-hr. wk. 3-wk. vacation after 1-yr. All statutory holidays. 2-wk. sick leave. Apply Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Duty & Operating room for modern 100-bed hospital in south western Ont. Basic salary: $210 per mo. plus increments, plus shift differential. 5½-day wk. average. 21-day vacation, 7 statutory holidays. Sick leave benefits. Residence accommodation available. **Apply Director of Nurses, District Memorial Hospital, Tillsonburg, Ont.**

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $210 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Many attractive benefits. Board & accommodation available at minimum cost in new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses. Good salary. Excellent living accommodation in the Laurentians. **Trained Attendants or Practical Nurses.** Diploma necessary. Ideal working conditions. Pension plan & other benefits. Apply to Superintendent of Nurses, P.O. Box 420, Ste. Agathe des Monts, Quebec.

Registered Nurses for modern 52-bed hospital in English speaking community, 50-mi. from Ottawa. Salary: $175 per mo. $5.00 extra for evening & night duty (3-wk.) Straight 8-hr duty with full maintenance. 44-hr. wk. Statutory holidays, sick leave & annual leave Fare advanced if required. Apply Superintendent, Pontiac Community Hospital, Shawville, Quebec.

Registered or **Graduate Nurses** (3) required immediately for 45-bed hospital. Salary according to S.R.N.A. schedule; $5 increments every 6 mos. $50 travel expenses allowed after 1 yr. service. Maintenance, $30 monthly. 4 doctors on staff. Daily bus service to North Battleford and Saskatoon. Apply, Matron, Union Hospital, Meadow Lake, Sask.

Registered Nurses for 105-bed General Hospital. Salary: $315-$360 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Director of Nursing, Glenn General Hospital, Willows, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses for 38-bed General Hospital. Salary: $270 with periodic increases. Excellent personnel policies. For further information apply Superintendent, City Hospital, Red Wing, Minnesota.

Nurses — eligible for registry — immediate openings for general duty & surgery. Starting salary: $275 per mo. 40-hr. wk. Maintenance furnished if desired. Hospital located 12 mi. south of Portland with educational & cultural advantages; near mountains & seashore. Apply to Director of Nurses, Oregon City Hospital, 515 Tenth St., Oregon City, Oregon.

Registered Nurses for staff nursing in new & beautifully equipped 100-bed hospital in the Pacific northwest. Only 6 mi. from the Pacific Ocean. Delightful climate. Beginning salary: $290 for 40-hr. wk., $10 additional for p.m. & night duty. Apply Director of Nurses, County General Hospital, Tilamook, Oregon.

Registered General Duty Nurses (100-bed.) Good bedside nursing required. 40-hr. wk. Rotating duties. Excellent personnel policies. You can arrange for R.I. State Registration. Apply Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered Nurses! Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment." Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, T.B. San (adults and children) and Operating Room. Salaries: $285-$315, days; $10 differential for evenings and nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E., Albuquerque, New Mexico. Phone 3-5611.

Graduate Nurses for 64-bed General Hospital (Construction on modern new wing to start this summer.) Salary: $230 per mo. if Alberta registered, less $30 for room & board. $5.00 increment after 6-mo. 28-day vacation after 1-yr. service. Statutory holidays, 1½ day sick leave per mo. Living accommodation. Travelling expenses up to $50 paid after 1-yr. service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurse (1) with O.R. experience (Immediately) 28-bed hospital, pleasant surroundings. Salary: $250 per mo. less $40 per mo. room, board & laundry. 4-wk. vacation after 1 yr. service. 1½ days per mo. sick leave yearly, accumulative. Nice nurses' home. Please apply Administrator, Community Hospital, Grand Forks, B.C.

Graduate Nurse (Immediately) for small hospital. Salary: $240 per mo. less $40 full maintenance. 40-hr. wk. Usual holidays. Phone or write Lillooet District Hospital, Lillooet, British Columbia.

Graduate Nurses (2) as soon as can be arranged for modern 17-bed acute hospital. Starting salary: $250 per mo. with $6.25 increments every 6-mo. Room & board in comfortable nurses' home $40 per mo. 8-hr. alternating shifts. 40-hr. wk. All statutory holidays. 1-mo. vacation with pay after 1-yr. service. Apply Matron, General Hospital, Tofino, British Columbia.

Graduate Nurses (Several — Immediately & for future vacancies) for modern 42-bed hospital in Northern Ontario. Residential town, pop. 5,000 (no mining or pulp mill). Overnight by rail, Montreal & Toronto. Salary range: $235-$285 per mo. 40-hr. wk. Excellent personnel policies. Apply Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses Needed! Essex County Hospital, Belleville, New Jersey is a general hospital with a rehabilitation unit located 30 min. from New York City. Beginning salary: $3,522 per annum with $199 annual increment. $30 additional for evening duty & $20 for night duty. 40-hr. wk. Liberal vacation, holiday & accumulative sick time. Hospital & medical-surgical insurance paid by county. Apply Director of Nursing.

Graduate Nurses. Positions available at 398-bed, non sectarian, acute, general hospital with fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartments available in immediate neighborhood. Apply, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio.

General Duty Nurses (2) for 35-bed hospital. Salary: $206 per mo. plus full maintenance. 4 increments at $5.00 per mo. after each 6-mo. 1-mo. vacation with pay per yr. Sick leave & hospitalization benefits. Refund of train fare from any point in Canada after 1-yr. employment. Apply to Municipal Hospital, Two Hills, Alberta. Telephone: 335.

General Duty Nurses for 85-bed accredited hospital. Starting salary: $235; $5 increase every 6 mo. for 2 yrs. 28 days vacation. Statutory holidays. 1½ days sick leave monthly accumulative to 30 days. Apply, Director of Nursing, St. Joseph's General Hospital, Vegreville, Alta.

General Duty Nurses, $255. 40-hr. wk. 28-day vacation yearly plus 10 statutory holidays. Sick leave 1½ days monthly, accumulative after 6-mo. Room & full board $25 per mo. Fare from Vancouver advanced or refunded after 6-mo. service. Apply Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses & Operating Room Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses (Immediately) to staff a new ward for General Hospital. 40-hr. wk. 28-day vacation. 10 statutory holidays. Sick leave, full benefits. Accommodation in nurses residence. Please apply Acting Director of Nurses, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses — $250-$300. 40-hr. wk. $35 per mo. full maintenance, comfortable home close to hospital. 10 statutory & 28-day annual holiday. 1½ day sick leave per mo. accumulative indefinitely. Very active town, in world famous Cariboo country. Apply Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses residence. For further information apply to Superintendent of Nurses.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $225 per mo. if registered in Ontario, $205 per mo., until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurses (2) for 30-bed hospital in town of 2000 population. Salary: $240 minimum with 6 increments of $5 every 6 months. One month's vacation with pay after 1 yr's service; 15 days sick pay in any one year. Separate modern residence, excellent train service. Apply, stating qualifications, to Miss Gladys Vigneron, Supt. of Nurses, Union Hospital, Unity, Sask.

General Duty Nurses for 100-bed JCAH approved county general hospital in San Joaquin Valley. Located centrally between San Francisco and Los Angeles. Salary: $314-$371 plus $10 for evening and night shifts. 40-hr. wk.; 12 statutory holidays; 3-wk. vacation; liberal sick time. Rooms available in modern nurses' home, $10 monthly. Apply to Supt. of Nurses, County General Hospital, Tulare, Calif.

General Duty Nurses, Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

General Duty Nurses for 50-bed hospital located in mountainous portion of Colorado. Salary: $290 plus fringe benefits. Opportunity for advancement and increase in salary. Registration requires graduation earlier than 1952 or 3 months each in psychiatry and pediatrics segregated services. Apply, Superintendent, Community Hospital, Alamosa, Colorado.

Operating Room Nurses for new 50-bed general hospital in active community of 10,000. Postgraduate qualifications and experience required. Salary: $250 to start plus increments for postgraduate experience. 40 hr. wk. 28 days holidays. 10 statutory holidays. Sick leave. Travel refund. RNABC policies and benefits, private accommodation in nurses' residence. Friendly considerate assistance and working conditions. Medical staff of 7 doctors. Apply, W. C. Speare, Administrator, G .R. Baker Memorial Hospital, Quesnel, B.C.

Operating Room Nurse (Immediately — 2 or 3 yr. experience in operating room technique preferable). Salary: $250 basic, plus $10 on call allowance, plus credit for P.G. & 2-yr. satisfactory experience. Board & room available at $45 per mo. Apply stating age, qualifications & experience to Acting Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

Operating Room and **General Duty Nurses** for 370-bed approved general hospital with intern and resident program. Starting salary: $300; operating room staff, $10-$20 per month in addition depending on experience. Increases of $15 per month at 6, 12, 24, and 36 months. 40 hr. wk. Vacation and sick leave with pay. 7 paid statutory holidays. Pleasant coastal city in outstanding recreational area. Apply to, Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Delivery Room Nurses (to rotate hours of duty) for new Obstetrical Dept. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Floor Duty Nurses for modern 50-bed General Hospital. Salary: $235 per mo. gross for registered nurses. Annual increment $60; extra pay for shift work. Apply Superintendent, Leamington District Memorial Hospital, Leamington, Ontario.

Licensed Practical Nurses (Male & Female). Staff positions available on general staff & special departments for 250 bed non-sectarian hospital located on beautiful Allison Island, Miami Beach, Florida. Accommodations for living in are available. Apply Director of Nursing Service, St. Francis Hospital, Miami Beach, Florida.

Baker Memorial Sanatorium, Calgary, Alberta offers to Graduate Nurses a 6-mo. postgraduate course in Tuberculosis. Salary: $3,240-$3,720 per annum. 44-hr. wk. Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Possible opportunity for permanent employment. Apply to Superintendent of Nurses.

Public Health Nurse for generalized program in area adjacent to Edmonton. Duties to commence October 1. Salary: $3312-$3600 depending on experience and with certificate in PHN. 3 wk. annual vacation; pension plan; Blue Cross; Medical Services Plan; adequate sick leave. Car furnished on duty. Apply, Medical Officer of Health, Stony Plain-Lac Ste Anne Health Unit, Stony Plain, Alta.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Salary range: $290-$345 per mo. depending on experience. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. A 5-day wk. in most districts. Uniform allowance. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Applications obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver, to be completed & returned to the Chairman, Civil Service Commission, 544 Michigan St., Victoria, British Columbia.

Public Health Nurses for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ontario.

Public Health Nurses (Qualified) for generalized public health nursing service required by the City of Toronto, Dept. of Health. Salary range: $3388-$3834. Starting salary based on experience. Annual increments, 5-day wk., vacation, shared hospitalization, sick pay & pension plan benefits. Apply, Personnel Department, Room 320, City Hall, Toronto.

THE PROVINCE OF MANITOBA

requires a

REGISTERED NURSE

preferably with

MENTAL NURSING CERTIFICATE

for the SCHOOL FOR MENTALLY DEFECTIVE PERSONS at PORTAGE LA PRAIRIE

DUTIES: To act as head nurse in the female hospital unit with special emphasis on the ward training of student nurses in psychiatric nursing procedure.

SALARY RANGE: $3,120.00 to $4,020.00 per annum.

The above position offers full Civil Service benefits, liberal sick leave with pay, four weeks' vacation annually with pay and pension privileges.

Apply to:

MANITOBA CIVIL SERVICE COMMISSION
247 LEGISLATIVE BUILDINGS, WINNIPEG, MANITOBA

Operating Room Supervisor with postgraduate training for fully accredited 108-bed hospital. Good salary & personnel policies. Apply Director of Nursing, North Bay Civic Hospital, North Bay, Ontario.

Registered Nurse (1) for Margaret Cochenour Memorial Hospital (modern 15-bed) located on the lake in Red Lake mining district & tourist area. New Nurses' residence beautifully furnished. Salary $275 basic with increment plan. Maintenance including uniform laundry $30 per mo. 44-hr. wk. Holidays. 4-wk. vacation with pay yearly. Apply I. MacNaughton, Matron, Cochenour, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Good salary & personnel policies. 44-hr. wk. Adjacent attractive residence. Recreation facilities. For further particulars apply Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

General Duty Nurse for 17-bed hospital. Salary: $230 gross. $5.00 per mo. increase after each 6 mo. up to 3 increases. Transportation refunded after 6-mo. service. 1 mo. vacation after 1-yr. service. 2-wk. sick leave each yr. paid for if not used. Apply Municipal Hospital, Elnora, Alberta.

General Duty Nurses for 350-bed hospital with NLN accredited school of nursing, 20-min. from downtown Detroit. Beginning salary: $325 per mo., increments at 6-mo. & 1 yr. Rotating shifts or permanent afternoon & night shifts. 2-wk. vacation, 18-day sick leave. 6 legal holidays per yr. with no loss in salary. Liberal hospital, medical, surgical, & life insurance benefits. Write Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

Scrub Nurses (Immediately) for 500-bed General Hospital with school of nursing. Basic salary: $245 per mo. with increments for 2-yr. service or more, or postgraduate study. 40-wk. Must be eligible for B.C. registration. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

Operating Room Nurse. Starting salary: $275 with postgraduate course, additional for experience. Iron Mining town. Excellent accommodations & personnel policies. Transportation allowance after 3-mo. service. Apply Superintendent, Lady Dunn Hospital, Jamestown, Ontario.

THE ROOSEVELT HOSPITAL
APPLICATION FOR APPOINTMENT
NURSING SERVICE DEPARTMENT

NAME .....

ADDRESS .....

.....

BIRTHDATE ..... MARITAL STATUS .....

WHERE REGISTERED .....

CLINICAL SERVICE DESIRED .....

POSITION SOUGHT .....

DATE AVAILABLE .....

EDUCATIONAL BACKGROUND

SCHOOL	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL	LOCATION	DATE

TRANSPORTATION PAID UPON APPOINTMENT TO STAFF.

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59TH STREET
NEW YORK 19, NEW YORK.

EXECUTIVE SECRETARY TREASURER

The Saskatchewan Registered Nurses' Association invites applications for the position of

EXECUTIVE SECRETARY TREASURER

Applicants must have experience in Nursing Service and Nursing Education.

Experience or postgraduate study in Administration would be an asset.

Apply in writing stating qualifications, experience and salary expected to:

MISS MARY T. MACKENZIE, PRESIDENT, S.R.N.A.
1308 BROADWAY AVENUE, SASKATOON, SASKATCHEWAN.

NURSING ARTS INSTRUCTOR

for the

SASKATOON CITY HOSPITAL
SASKATOON, SASKATCHEWAN

SALARY: $3,060-$3,840 PER ANNUM. 40-HR. WK.

Liberal vacation with pay. 21-days sick leave annually, accumulative. Superannuation plan.

APPLY TO DIRECTOR OF NURSING.

GRADUATE NURSES FOR GENERAL DUTY

PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO
AN ACTIVE 300-BED GENERAL HOSPITAL.
RESIDENCE ACCOMMODATION. GOOD PERSONNEL POLICIES.

Apply to:

DIRECTOR OF NURSING,
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO.

HOSPITAL MATRONS

FOR THE

Indian and Northern Health Services Hospitals Department of National Health and Welfare
$3,570 - $4,170

Candidates must be registered nurses with supervisory experience.

At present there are vacancies at Hobbema, Alta. and at Hodgson, Man.

For details, write to

CIVIL SERVICE COMMISSION, OTTAWA
Please quote competition 57-810.

SUPERINTENDENT AND TWO REGISTERED NURSES

Ontario registration, for modern 22-bed hospital. Previous experience as Superintendent not necessary. State qualifications, age & salary expected. Duties to commence immediately.

Apply

SEC.-TREASURER, BRUCE PENINSULA & DISTRICT MEMORIAL HOSPITAL, WIARTON, ONTARIO.

APPLICATIONS

are invited from

NURSES

for

1. **Operating Room**
2. **Obstetrics — Caseroom**
3. **General Duty**

R.N.A.O. Salary Schedule

Apply:

DIRECTOR OF NURSES,
SCARBOROUGH GENERAL HOSPITAL,
SCARBOROUGH, ONTARIO
TELEPHONE: AX. 3-4121, EXT. 8

PROPERTIES FOR SALE

Residence in Burlington, Ontario, ideal for convalescent home, medical clinic, or other professional occupancy. Solid brick, 12 rooms, 3 bathrooms, lovely grounds, 104 ft. frontage by 224 ft. Garage, circular drive, hot water heating with oil. Excellent residential district, near downtown.

REPLY TO BOX #0,
THE CANADIAN NURSE JOURNAL,
1522 SHERBROOKE STREET WEST,
MONTREAL, QUE.

OR TELEPHONE
BURLNGTON NE. 4-3411

OPERATING ROOM SUPERVISOR

REQUIRED IMMEDIATELY

for new 300-bed General Hospital, in operation since February, 1956

For further information please apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL,
SUDBURY, ONTARIO

GRADUATE NURSES

•

Applications are invited from qualified nurses to fill immediately the following posts in the

Department of Health
Fort William, St. John's,
Newfoundland.

Staff Education Director. Experience in nursing education is necessary.

Salary scale: $3400-$100-$3600 per annum. Uniform assistance.

Field Consultants. Duties consist of supervision of cottage hospitals and nursing districts. Uniform assistance.

Salary scale: $3400-$100-$3600 per annum.

Staff Nurses for cottage hospitals. Salary: $2700 per annum less $528 for maintenance. Uniforms and laundry service provided.

Twenty-four working days vacation.

Sick leave with pay.

•

Apply giving full particulars to the

DIRECTOR OF NURSES

THE PROVINCE OF MANITOBA

REQUIRES

FOR THE HOSPITAL FOR MENTAL DISEASES

BRANDON, MANITOBA

a **REGISTERED NURSE** with some training or experience in psychiatric nursing to work as a psychiatric social worker.

Salary Range: $3,480.00 to $4,200.00

The above position offers full Civil Service Benefits, liberal sick leave with pay, three weeks' vacation annually with pay, and pension privileges.

Apply to:

MANITOBA CIVIL SERVICE COMMISSION
247 Legislative Buildings,
Winnipeg, Manitoba.

HOMEWOOD SANITARIUM

(A PRIVATE PSYCHIATRIC HOSPITAL)

requires

(1) SUPERINTENDENT OF NURSES

(2) DIRECTOR OF NURSING EDUCATION

FULL INFORMATION ON REQUEST

Apply: Medical Superintendent,
HOMEWOOD SANITARIUM, GUELPH, ONTARIO.

DIRECTOR OF NURSING

required for

NEW 85-BED GENERAL HOSPITAL

School of Nursing planned to open September
Salary schedule commensurate with experience
Enquiries are invited from qualified persons

Apply: THE PORTAGE HOSPITAL DISTRICT #18,
PORTAGE LA PRAIRIE, MANITOBA.

She's
Versatile
Informed
Professional

Photograph by Ansel Adams

'GRADUATE NURSES

Our nurses are VIP's . . . better known as Very Important People. Important to nursing, their patients and the scheme of things here, they don't stagnate — they have a chance to use their talents.

This renowned university medical center offers opportunity to advance through the many stages of clinical study in all fields. Courses at the University of Rochester are theirs to follow at half tuition, and time can be arranged for nurses wishing to study part time. Staff Nurse salaries $275-$305 per month, depending on experience. Ability recognized by promotions.

Take your first step today toward working and growing into a "Very Important Person" in nursing. Call GReenfield 3-4400 or write to Miss Beatrice Stanley, Director of Nursing Service for additional details.

THE UNIVERSITY OF ROCHESTER · 1850 ·

STRONG MEMORIAL HOSPITAL
ROCHESTER 20, NEW YORK

To meet with a rapidly expanding hospital situation:

THE WINNIPEG GENERAL HOSPITAL

is recruiting

1. A CLINICAL COORDINATOR:
   To coordinate & further develop the orientation program for the graduate nurses. To administer & further develop the clinical instruction program for the student nurses.
   Qualifications:
   a. Minimum, a B.A., or B.Sc. degree in nursing education:
   b. Desirable but not essential, a Master's degree or equivalent education & experience.
2. AN ASSOCIATE DIRECTOR OF NURSING SERVICE:
   To supervise & assist in the organization & development of the clinical services in the hospital. To assist in the selection, development, & promotion of hospital staff.
   Qualifications:
   a. Minimum, a B.A., or B.Sc. degree in nursing with considerable experience in supervisory & administrative capacities.
   b. Desirable but not essential, a Master's degree or equivalent education & experience.
3. AN OPERATING ROOM SUPERVISOR.
4. CLINICAL INSTRUCTORS IN MEDICINE AND SURGERY.
5. GENERAL DUTY NURSES FOR ALL SERVICES.

Please send applications direct to:

THE DIRECTOR OF NURSING, THE WINNIPEG GENERAL HOSPITAL, WINNIPEG 3, MANITOBA

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL

PHILADELPHIA 2, PENNSYLVANIA

OPENINGS FOR NURSES

General duty nurses needed for 600-bed hospital in downtown Philadelphia, Pa. (3-11, 11-7 and O.R.) 40 hour week, liberal personnel policies, sick leave, vacation, living facilities. Ideally located in central Philadelphia for interesting off-duty hours.

Write or call:

DIRECTOR OF NURSING,
HAHNEMANN HOSPITAL,
PHILADELPHIA 2, PA., LOCUST 4-5000

ENJOY WESTERN CANADA'S CLIMATE AND HOSPITALITY

THE VANCOUVER GENERAL HOSPITAL

requires

GENERAL STAFF NURSES

REGULAR AND VACATION RELIEF POSITIONS IN PEDIATRICS, OBSTETRICS, MEDICINE AND SURGERY

1500 bed teaching hospital, heart of British Columbia's medical centre

ATTRACTIVE PERSONNEL POLICIES

Salary $249 — $289 per month. 5 day, 40 hour week

(Eligibility for registration in B.C. necessary)

PLEASE APPLY TO PERSONNEL DEPARTMENT, VANCOUVER GENERAL HOSPITAL, VANCOUVER, B.C.

QUEENSWAY GENERAL HOSPITAL

150-beds

Registered Nurses for all departments, including Operating Room, Case Room & Emergency.

Apply: Director of Nursing,
QUEENSWAY GENERAL HOSPITAL, TORONTO 14, ONTARIO.

GENERAL STAFF NURSES

and

OPERATING ROOM NURSES

Salary $240 per month plus Bonus Plan. Perquisites include: liberal vacation plan, 8 statutory holidays, sick leave accumulative to 60 days, free laundering of uniforms, partial refund of transportation.

For further information please apply:

DIRECTOR OF NURSING, MEMORIAL HOSPITAL, SUDBURY, ONTARIO.

APPLICATIONS

are invited for:

1) Pediatric Supervisor for 21-bed unit
Postgraduate experience necessary

or

Graduate of Children's Hospital.

2) Assistant Operating Room Supervisor

Postgraduate experience necessary.

3) General Staff Nurses, Medical, Surgical & Obstetrical.

Good Personnel Policies.

Apply: Director of Nursing,

WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO

SCIENCE INSTRUCTOR

for

SAINT JOHN
GENERAL HOSPITAL
SCHOOL OF NURSING
Saint John, New Brunswick

150 students

New modern teaching department

400-bed hospital

Duties to commence August 15, 1957

APPLY TO: DIRECTOR OF NURSING

TORONTO HOSPITAL

(for Tuberculosis)

WESTON (TORONTO 15)

ONTARIO

Applications are invited from graduate nurses for general duty staff appointments in metropolitan Toronto. Opportunities for advancement. Pension plan. Accumulative sick leave. Residence for nurses available. Also postgraduate course.

For further information apply to:

Director of Nursing,
Toronto Hospital for T.B.
Weston (Toronto 15) Ont.

DIRECTOR OF NURSING AND NURSING EDUCATION

for

THE GENERAL HOSPITAL OF PORT ARTHUR

Approximately 280 beds with expansion program.

School of Nursing with 50 students.

Qualifications desired: Degree or postgraduate certification in nursing administration.

Apply giving experience, qualifications and salary expected to:

ADMINISTRATOR, GENERAL HOSPITAL OF PORT ARTHUR, PORT ARTHUR, ONTARIO.

REGISTERED NURSES

Staff & Supervisory positions. Salary range: $325-$390 per mo. with shift & specialty service differential. 5-day, 40-hr. wk. Pleasant working conditions & excellent personnel policies.

CRITTENTON GENERAL HOSPITAL
1550 TUXEDO AVENUE
DETROIT 6, MICHIGAN

PUBLIC HEALTH NURSES

REQUIRED BY

Peace River Health Unit

Salary scale for R.N. ranges from $2,940 to $3,420 & for B.Sc. or D.P.H.N. from $3,180 to $3,660 with annual increments of $120. Previous experience may be recognized up to minimum of third period of respective grade when starting salary is determined. Apply immediately to:

SECRETARY-TREASURER
PEACE RIVER HEALTH UNIT
PEACE RIVER, ALBERTA

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $240 to $280 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

OAKWOOD HOSPITAL

230-Bed General Hospital

Staff Positions available

*Salary: $325 to $367 in 18 months

*40-hr week — paid overtime

*Night, afternoon duty differentials

*Modern apartments on grounds

*Beautiful wooded surroundings

*Detroit's educational, cultural advantages.

•

DIRECTOR OF NURSING
OAKWOOD HOSPITAL
18101 OAKWOOD BLVD.,
DEARBORN, MICHIGAN

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

APPLICATIONS WILL BE ACCEPTED BY THE

SECRETARY OF THE BOARD OF GOVERNORS,

KINGSTON GENERAL HOSPITAL, KINGSTON, ONTARIO

for the position of

DIRECTOR OF NURSING

PROFESSOR OF NURSING

required for employment by the

WORLD HEALTH ORGANIZATION

For service at the

UNIVERSITY OF ALEXANDRIA, EGYPT.

To administer professional nursing education program and to guide national and international teaching staff in creating nursing education curriculum.

Apply to W.H.O., Palais des Nations, Geneva, Switzerland, marking envelope EMRO-5. Only candidates seriously considered for appointment will receive individual replies.

SCIENCE INSTRUCTOR

for

BRANDON GENERAL HOSPITAL

SCHOOL OF NURSING, BRANDON, MANITOBA

60-STUDENTS, 2 CLASSES PER YR. 148-BED HOSPITAL

DUTIES TO COMMENCE IMMEDIATELY

For further information please

APPLY TO DIRECTOR OF NURSING

REGISTERED NURSES

$2,700-$3,540

ACCORDING TO QUALIFICATIONS

CERTIFIED NURSING ASSISTANTS

$2,130-$2,310

SUNNYBROOK HOSPITAL 5-day week **WESTMINSTER HOSPITAL**
TORONTO **LONDON**

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO

GENERAL STAFF NURSES

Operating Room, Obstetrics & General Wards

200-bed General Hospital

Pleasant City of 33,000 - 3 Colleges

Good salary & Personnel Policies

Additional salary for postgraduate course in operating room or obstetrics

For further information apply to:

THE DIRECTOR OF NURSES, GUELPH GENERAL HOSPITAL, GUELPH, ONT.

ASSOCIATE DIRECTOR OF NURSING SERVICE

REQUIRED IMMEDIATELY

For new 300-bed General Hospital, in operation since February 1956.

For further information please apply

DIRECTOR OF NURSING, MEMORIAL HOSPITAL, SUDBURY, ONTARIO.

GENERAL DUTY NURSES

For modern 50-bed hospital, centrally located in Southwestern Ontario.

Benefits of 5½-day wk. 3-wk. annual vacation, 7 statutory holidays, accumulative sick time, $15 shift differential & free laundry of uniforms. The hospital pays ½ of hospital, medical care, weekly indemnity & life insurance plan.

Apply:

Director of Nurses, Alexandra Hospital, Ingersoll, Ontario.

GRADUATE NURSES

Needed for general duty in a newly enlarged 125-bed suburban Toronto hospital.

Salary range $225 to $275 per month.

Personnel manual gladly furnished on request.

APPLY TO: DIRECTOR OF NURSES, HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST., WESTON, TORONTO 15, ONTARIO, PHONE CH 4-5551

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $295 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

Chez Cora Limited

MAKERS OF

Angelica UNIFORMS

(A) 8419 YQ — Dacron 13.60

(A) 8419 OK — Poplin 8.50

Pin Tucks

(B) 8418 YQ — Dacron 13.60

(B) 8418 OK — Poplin 8.50

Stitched Down Pleats

(C) 8417 PSQ — Seersucker Nylon 9.15

(C) 8417 OK — Poplin 8.50

Set in Belts

Mail orders promptly filled

Sizes on this page: 30 to 46

Note — add 10% for federal tax

Chez Cora Limited

1526 CRESCENT ST.
MONTREAL 25, QUE.

Angelica Great Since 1878

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation

Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.

ANOTHER CARNATION QUALITY PRODUCT...